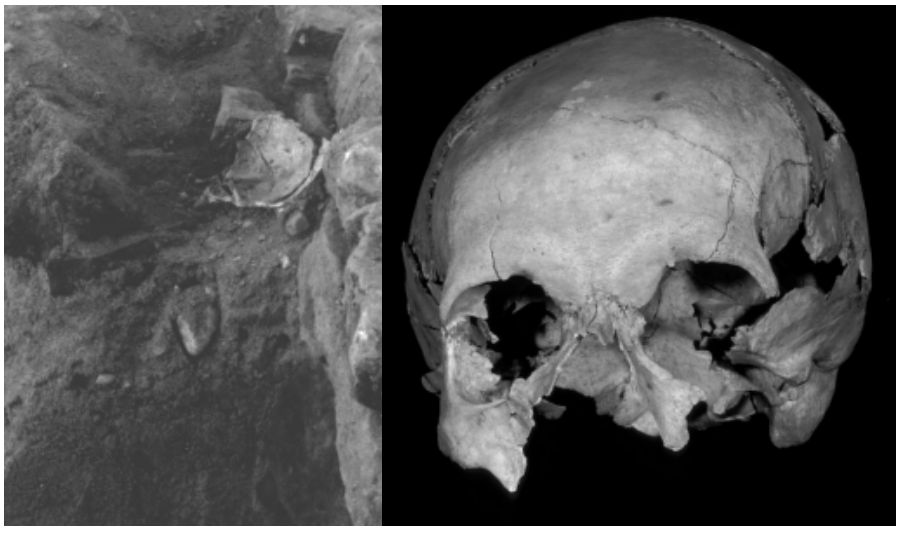
SECTION IV:
Burial Descriptions

Burial Descriptions of the New York African Burial Ground

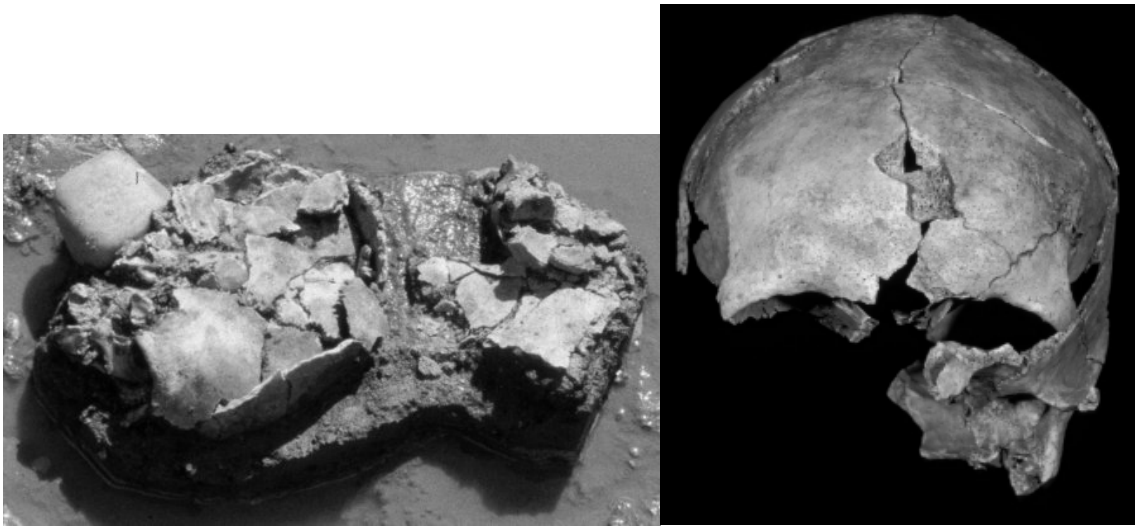
Burial 1

Female aged 20 to 25 years. Cranial and lower limb periostitis (generalized systemic infection) is present. Enthesopathies are present on the humerus and clavicles. Significant hypertrophy of muscle insertions affects the femora. Osteoarthritis is indicated by eburnation in the shoulder and lipping of the temporo-mandibular joint. Healed cribra orbitalia indicative of nutritional stress and hypoplasias indicative of childhood stress are present.

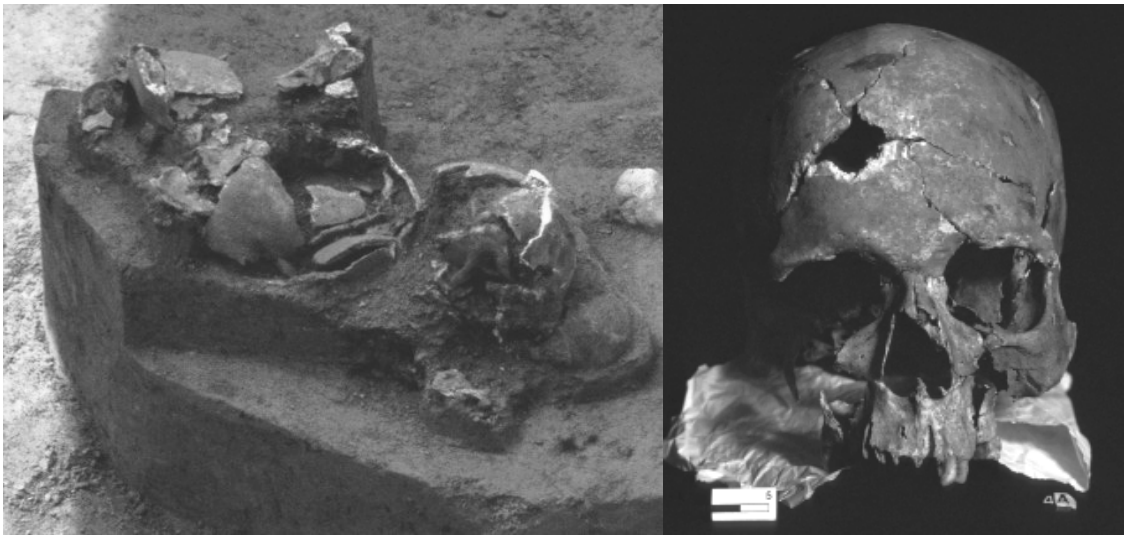


Burial 2

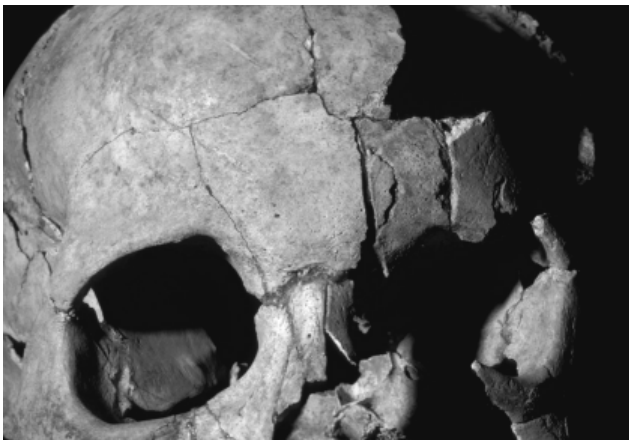
Male aged 27 to 42 years. Individual exhibits evidence of cranial periostitis. Healed cribra orbitalia and cranial porotic hyperostosis indicative of nutritional stress can be observed.



Burial 3 Male aged 25 to 34.9 years. Mild osteoarthritis affecting the acetabulum can be observed. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress are present.



Burial 4 Male aged 30 to 40 years. Individual exhibits evidence of cranial periostitis. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress are present.



Burial 4.1 Male aged 15 to 24.9 years. Cranial periostitis can be observed. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress are present.
(See photo for Burial 4 and Burial 4.1 above.)

Burial 5 Infant aged .50 to 1.0 years.

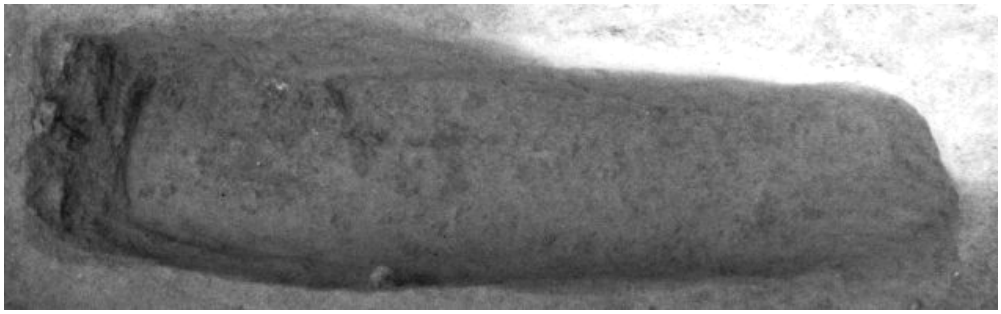
Burial 6

Male aged 25 to 30 years. Individual has significant muscle insertion hypertrophy in the lower limbs and an enthesopathy of the left clavicle. Moderate to severe degree of osteoarthritis affects all lower limbs joints, thoracic, and lumbar vertebrae. Cervical spondylolysis is present. Periostitis of the lower limbs and possible treponemal disease is present**.** There is evidence of femoral and tibial bowing associated with rickets. In addition, active cribra orbitalia and diploic expansion indicative of nutritional stress can be observed. Hypoplasia indicators of childhood stress are also present. Trace ESA clustering is not clearly suggestive of natality. Sr isotope analysis suggests birth in Africa.

Burial 7

Child aged 3 to 4.9 years. Evidence of cranial periostitis can be observed. Healed cribra orbitalia, porotic hyperostosis, and diploic expansion indicative of nutritional stress are present. Trace ESA

clustering not clearly suggestive of natality. Sr isotope analysis suggests birth in the Americas/New York.



Burial 8 Infant aged 0 to 4.1 years.

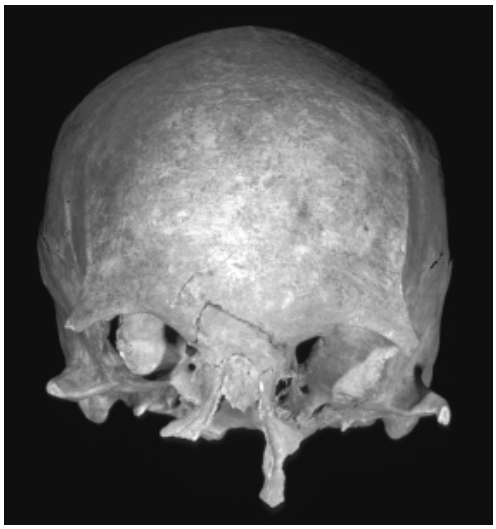
Burial 9 Male aged 35 to 45 years. Individual has periostitis of the lower limbs and multiple enthesopathies in the upper limbs. Mild to severe osteoarthritis affects the elbow, sacroiliac joint, knee, and lumbar synovial joints. Hypoplasia indicators of childhood stress are present. Trace ESA clustering suggests birth in Africa. Sr isotope analysis also suggests birth and migration from Africa.

Burial 10

Male aged 40 to 45 years. Periostitis of the lower limbs can be observed. Osteoarthritis affects many axial and appendicular joints. Osteophytosis of the cervical vertebrae and lumbar/sacral fusion is also present. Significant muscle insertion hypertrophy is present throughout the skeleton and there are clavicular syndesmophytes. Femoral and tibial bowing indicative of rickets and hypoplasia indictors of childhood stress are present.

Burial 11

Male aged 30 to 40 years. Individual has multiple enthesopathies with muscle insertion hypertrophy. Vertebral osteophytosis is present. Healed cribra orbitalia indicative of nutritional stress can be observed. Hypoplasia indicators of childhood stress are also present.



Burial 12 — Female aged 35 to 45 years. Individual has periostitis of the lower and upper limbs and crania. Femoral/tibial bowing is indicative of rickets. Significant biomechanical work stress is indicated with muscle insertion hypertrophies and enthesopathies throughout the skeleton. Osteoarthritis affects the axial and appendicular joints. Thoracic spondylolysis is also present. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress can be observed.

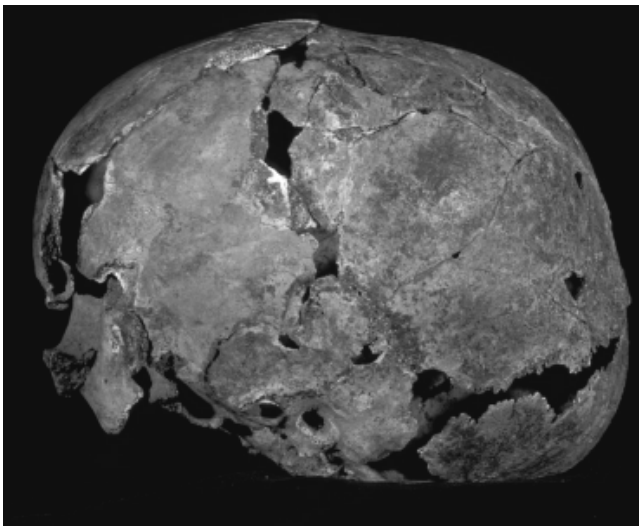
Burial 13 — Subadult of indeterminate age.

Burial 14 Infant aged 0 to 3.0 years. Cranial periostitis and meningitis can be observed.

Burial 15 Child/adolescent aged 11 to 18 years.

Burial 16 Female aged 50 to 60 years. There is evidence of periostitis of the lower limbs. Femoral/tibial bowing associated with rickets can be observed. Significant muscle insertion hypertrophies in the upper

and lower limbs are present with moderate to severe osteoarthritis affecting the knee and ankle joints. Cervical osteophytosis and lumbar ankylosis are observable in the vertebrae. Healed cribra orbitalia indicative of nutritional stress can be observed.

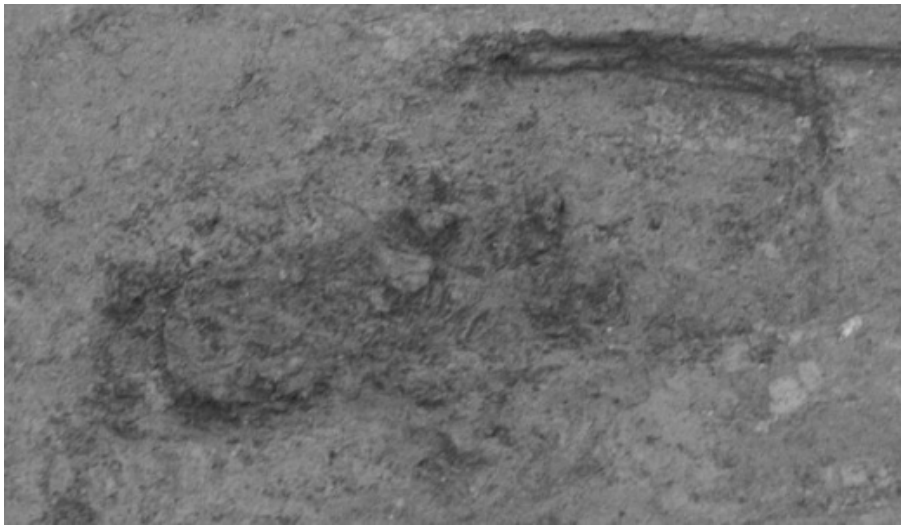


Burial 17

Child aged 4 to 6 years. Healed cribra orbitalia and expanded diploe are indicative of nutritional stress. In addition, femoral and tibial bowing associated with rickets are also present.

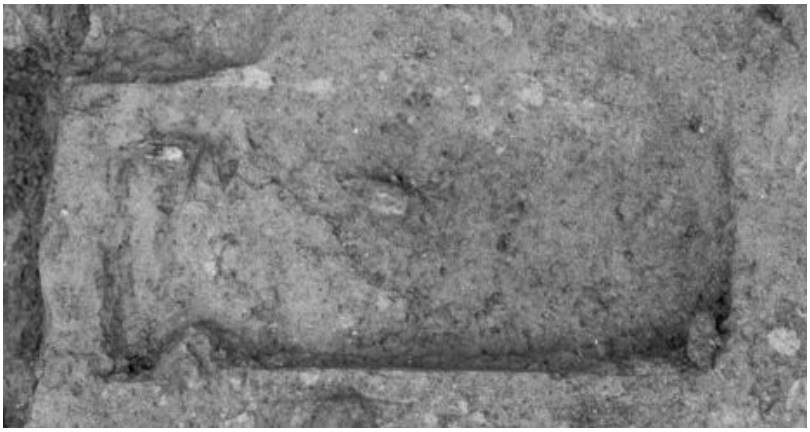
Burial 18

Female aged 35 to 45 years. Individual has periostitis of the lower limbs and crania and possible treponemal disease. Significant hypertrophy of the femoral gluteal insertion and a moderate degree of osteoarthritis affect the foot and ankle.



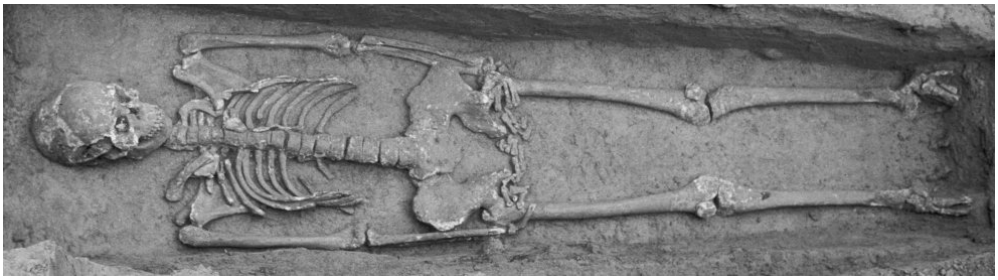
Burial 19 Subadult of indeterminate age.

Burial 20 Male aged 45 to 50 years of age. Individual has periostitis of the lower limbs and has significant muscle insertion hypertrophies. A moderate degree of osteoarthritis of the lower limbs and of the hand is present.



Burial 21 Subadult of indeterminate age.

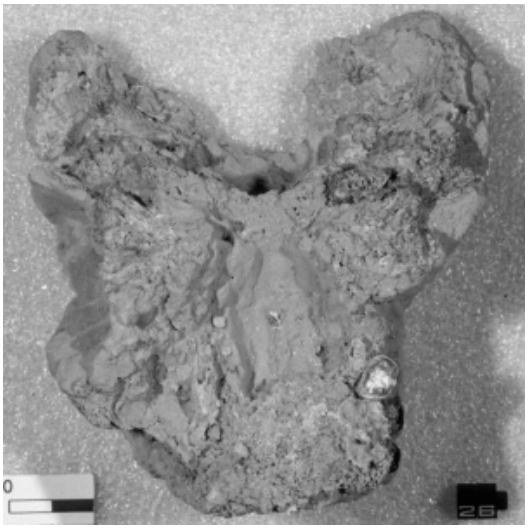
Burial 22 Child aged 2.5 to 4.5 years. Periostitis of the lower and upper limbs can be observed. Trace ESA clustering suggests birth in Africa; however, Sr. isotope analysis suggests birth probably in the Americas/New York.



Burial 23 Male aged 25 to 35 years. Periostitis of the lower limbs and possible treponemal disease can be observed. Significant hypertrophies are present in the upper limbs and humeral enthesopathy. Lumbar osteophytosis and Schmorl's nodes are present. Hypoplasia indicators of childhood stress can be observed. Trace ESA suggests birth in Africa. Sr isotope analysis also suggests birth in Africa.

Burial 24 Child aged 3 to 6 years.

Burial 25 Female aged 20 to 24 years. Enthesopathies of the brachialis insertions on the ulnae are present.



Burial 26 Child/adolescent aged 8 to 12 years.

Burial 27 Infant aged 1.40 to 2.80 years. Diploic expansion indicative of nutritional stress can be observed. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 28 Subadult of indeterminate age.

Burial 29 Male aged 35 to 45 years. Periostitis of the lower limbs and a slight degree of osteoarthritis affecting the tarsal bones are present.

Burial 30 Child aged 7 to 11 years. Periostitis of the lower limbs can be observed. Hypoplasia indicators of childhood stress are present.

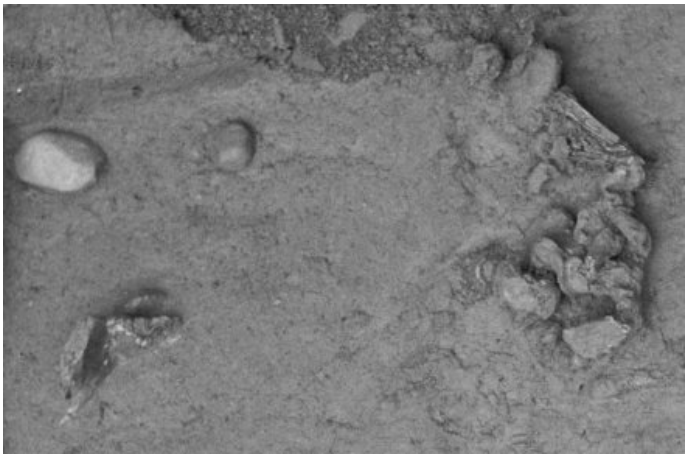
Burial 31 Unsexed aged 14 to 16 years. Individual has active periostitis of the lower limbs at time of death. There is evidence of anterior-posterior bowing associated with rickets, as well as, possible treponemal disease.

Burial 32 Male aged 50 to 60 years. Individual has cranial periostitis and osteomyelitis of the lower limbs. There is evidence of multiple enthesopathies in the ulnae and myositis ossificans of the ribs. There is also moderate to severe osteoarthritis which affects the axial and appendicular skeleton. Vertebral osteophytosis and thoracic Schmorl's nodes are also present. Healed cribra orbitalia and expanded diploe indicative of nutritional stress can be observed.

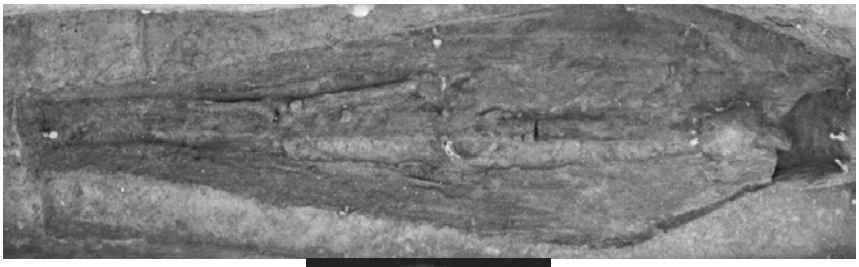
Burial 33 Adult of indeterminate age and sex.

Burial 34 Adult of indeterminate age and sex.

Burial 35 Child aged 8 to 10 years. Individual has healed cribra orbitalia and expanded diploe indicative of nutritional stress, and hypoplastic indicators of childhood stress are also present. Trace ESA clustering not clearly suggestive of natality. Sr isotope analysis suggests birth probably in the Americas/New York.



Burial 36 Female of indeterminate age. This individual has periostitis of the lower limbs. Femoral/tibial bowing indicative of rickets can be observed. Significant muscle insertion hypertrophy of the tibiae are present.



Burial 37 — Male aged 45 to 55 years. Individual has periostitis of the lower limbs and crania. Enthesopathies in the upper limbs and significant muscle insertion hypertrophy are present throughout the skeleton. Moderate to severe osteoarthritis affects the axial and appendicular joints. Osteophytosis, lumbar spondylolysis, and Schmorl's nodes are also present in the vertebrae. Hypoplastic indicators of childhood stress are present.

Burial 38 — Female aged 20 to 25years. Hypoplasias indicative of childhood stress are present.

Burial 39 Child aged 5 to 7 years. This individual has periostitis of the lower and upper limbs. Eburnation, erosion, and lipping of the first cervical vertebra and occipital condyles are present. Distortion of the joint and extension of the surface suggest posterior displacement of the cervical onto the occipital squama. Enthesopathies are present on the humeri and ulnae. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress and hypoplastic indicators of childhood stress are present. Trace ESA clustering suggests birth in the Americas/New York. Sr isotope analysis also suggests birth in the Americas/New York.

Burial 40 Female aged 50 to 60 years. Individual has periostitis of the lower limbs and crania. Femoral/tibial bowing associated with rickets is present. Myositis ossificans on the tibiae and ribs with significant muscle insertion hypertrophy throughout the skeleton can be observed. Moderate to severe osteoarthritis affects axial and appendicular joints. Osteophytosis is also present in the vertebrae.

Burial 41 Adult of indeterminate age and sex.

Burial 42 Infant aged 0 to 2.0 years. Periostitis of the lower and upper limbs is evident.

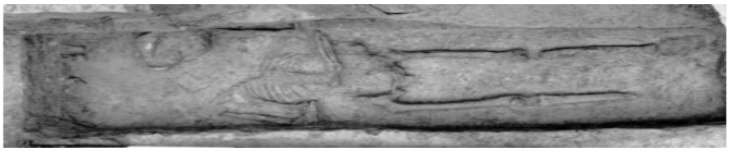
Burial 43 Child aged 2.5 to 4.5 years. Diploic expansion indicative of nutritional stress is present. Trace ESA clustering is not clearly suggestive of natality.

Burial 44 Child aged 3 to 9 years.

Burial 45 — Child aged 2.5 to 4.5 years. Evidence of meningitis is observable. Femoral and tibial bowing associated with rickets and healed cribra orbitalia indicative of nutritional stress are present. Hypoplastic indicators of childhood stress are observable. Trace ESA clustering suggests birth in the Americas/New York.

Burial 46 — Female of indeterminate age. Individual has periostitis of the lower and upper limbs. Moderate osteoarthritis affects the hip and knees.

Burial 47 — Male aged 35 to 45 years. Periostitis of the lower limbs and crania can be observed. Multiple enthesopathies and moderate osteoarthritis are present. Trace ESA clustering not clearly suggestive of natality, although third molar clustering with B2 and low PB concentration suggest early life in Africa. However, low Sr isotope values indicate birth possibly in the Caribbean.



Burial 48 Adult of indeterminate age and sex.

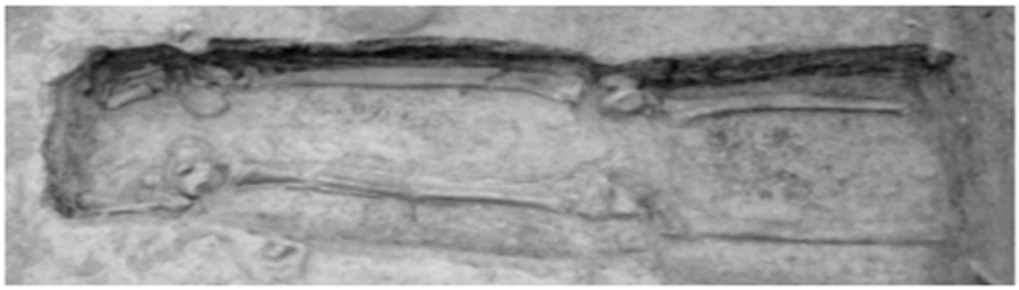
Burial 49 Female aged 40 to 50 years. There is evidence of periostitis of the lower limbs and crania. Significant muscle insertion hypertrophy of the tibiae and femora are present. Mild osteoarthritis affects the upper limb joints. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress can be observed. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 50 Child of indeterminate age.

Burial 51 Female aged 24 to 32 years. Individual has periostitis of the lower limbs and crania. There is evidence of biomechanical work stress with significant muscle insertion hypertrophy, primarily in the upper limbs, and enthesopathies of the brachialis insertions on the ulnae. Moderate osteoarthritis is present throughout the axial and appendicular joints. Vertebral osteophytosis and osteochondritis dissicans of the knee joints are also present. Diploic expansion indicative of nutritional stress and hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 52 Age and sex indeterminate.

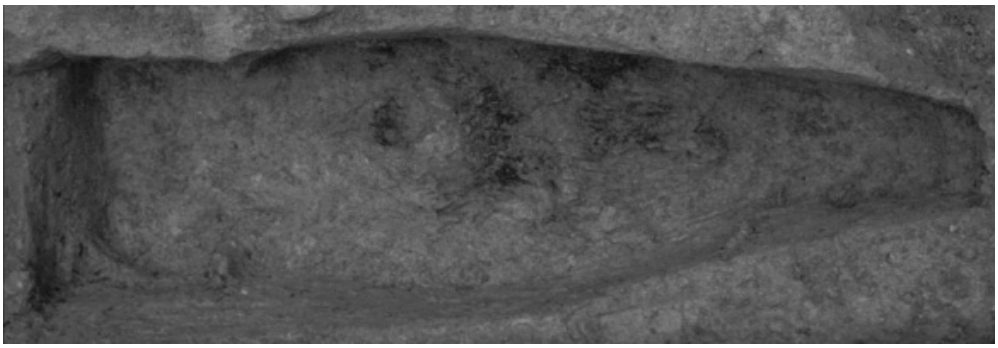
Burial 53 Infant aged .25 to .75 years. Periostitis of the upper and lower limbs can be observed.



Burial 54 Adult of indeterminate age and sex.

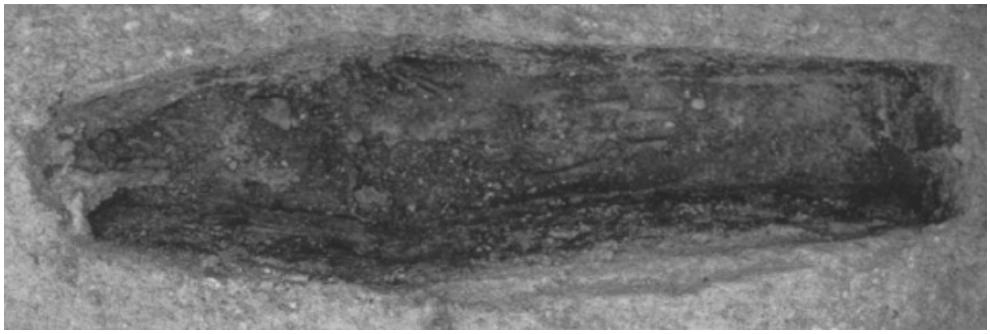
Burial 55 Child aged 3 to 4.9 years. Individual has periostitis of the lower and upper limbs and crania. Healed cribra orbitalia and diploic expansion are indicative of nutritional stress. Hypoplasia and hypocalcification indicators of childhood stress are present. Trace ESA clustering is not clearly suggestive of natality.

Burial 56 Female aged 30 to 34 years. Individual has significant muscle insertion hypertrophies and enthesopathies throughout the skeleton. Moderate osteoarthritis affects multiple axial and appendicular joints. Lumbar Schmorl's nodes are also present. Healed cribra orbitalia and porotic hyperostosis nutritional stress can be observed. Hypocalcification indicators of childhood stress are present.

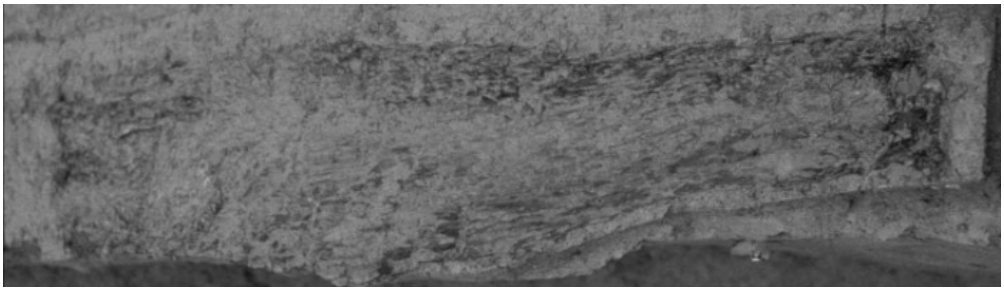


Burial 57 Infant aged .88 to 2.16 years. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 58 Child aged 3.5 to 5.5 years. Periostitis of the lower and upper limbs is present.

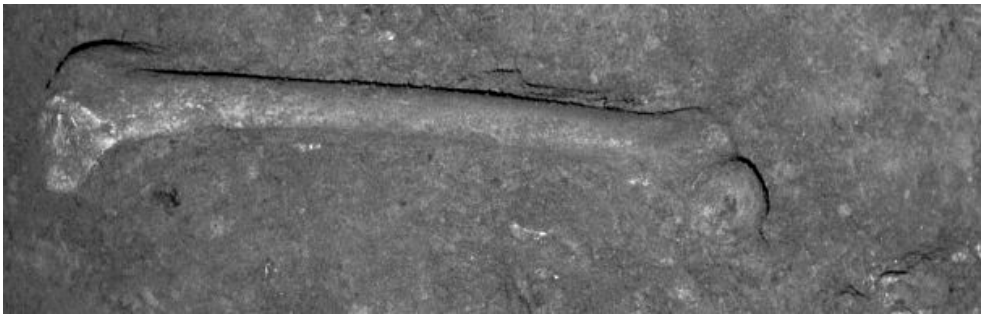


Burial 59 Infant aged 0 to .25 years.



Burial 60 Infant aged .25 to .75 years.

Burial 61 Child of indeterminate age.



Burial 62 Indeterminate age and sex.

Burial 63 Male aged 35 to 45 years. There is evidence of periostitis of the lower and upper limbs. There are enthesopathies and significant muscle insertion hypertrophy throughout the skeleton. A mandibular tori is also present. Myositis ossificans is found on the thoracic vertebrae, ribs, and left pubis. Moderate to severe osteoarthritis affects the axial and appendicular skeleton. Osteophytosis and lumbar Schmorl's nodes are present in the vertebrae. Porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed.

Burial 64 Infant aged .38 to .88 years. Cranial periostitis with active cribra orbitalia, porotic hyperostosis, and diploic expansion indicative of nutritional stress can be observed.

Burial 65 Perinatal.

Burial 66 Infant aged 0 to .16 years.

Burial 67 Male aged 40 to 50 years. Individual has periostitis of the lower and upper limbs. Muscle insertion hypertrophy is present throughout the skeleton with enthesopathies of the brachialis insertions on the ulnae. Myositis ossificans is found on the thoracic vertebrae and ribs. Moderate to severe osteoarthritis affects axial and appendicular joints. Lumbar Schmorl's nodes are also present.

Burial 68 Male aged 21 to 25 years. A slight degree of osteoarthritis is present with a robust femora linea aspera. Sr isotope analysis (of dentin only) suggests birth probably in Africa.

Burial 69 Male aged 25 to 25 years. There is evidence of periostitis of the lower limbs and possible treponemal disease. Significant muscle insertion hypertrophies and enthesopathies are present throughout the skeleton. Mild to moderate osteoarthritis affects joints in the upper and lower limbs. Femoral/tibial bowing associated with rickets can be observed.

Burial 70 Male aged 35 to 45 years. There is evidence of periostitis of the lower and upper limbs, saber shins, and possible treponemal disease. There are multiple enthesopathies and significant muscle insertion hypertrophies primarily in the upper limbs. There is evidence of myositis ossificans in the lumbar vertebrae and ribs with lumbar Schmorl's nodes; all limb joints have at least mild osteoarthritic changes. Femoral/tibial bowing associated with rickets can be observed.

Burial 71 Female aged 25 to 34.9 years. Individual has periostitis of the lower limbs and crania. Clavicular syndesmophytes, myositis ossificans on the thoracic vertebrae, and multiple significant hypertrophies of the lower limbs are present. At least mild osteoarthritis affects most joints with moderate to severe changes in the lower limbs. Osteophytosis and lumbar Schmorl's nodes are also present.

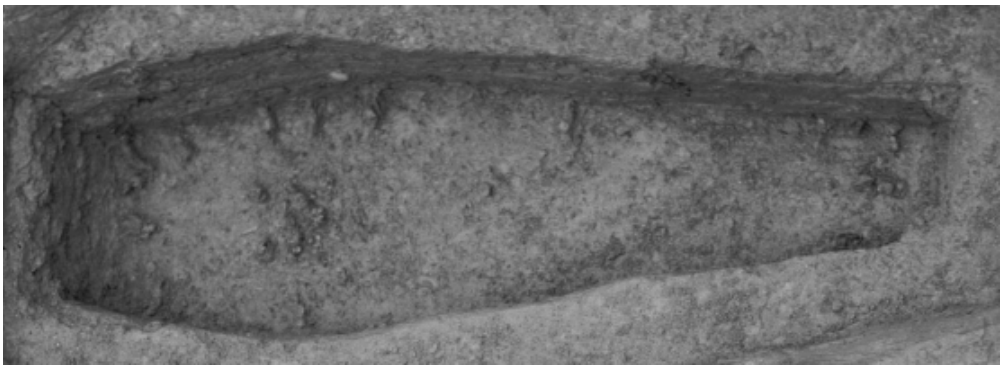
Burial 72 Subadult aged 1 to 2 years. There is evidence of meningitis, diffused bone loss, cranial periostitis, and lower limb periostitis. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 73 Female aged 20 to 30 years. Several muscle insertion sites in the upper limbs exhibit significant hypertrophy. Moderate osteoarthritis affects the hip and vertebrae. Cervical osteophytes are also present. Diploic expansion indicative of nutritional stress can be observed.

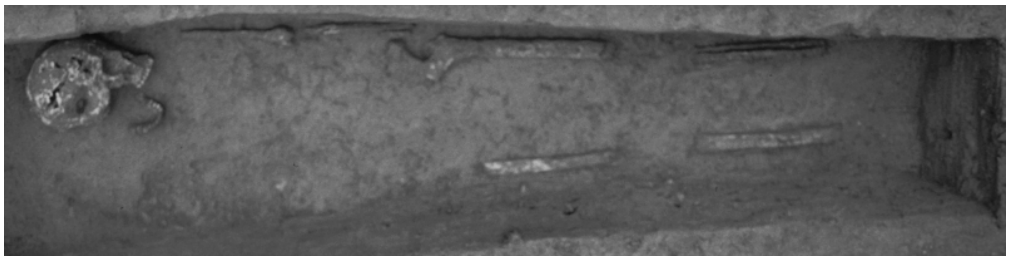
Burial 74 Empty shaft.

Burial 75 Perinatal.

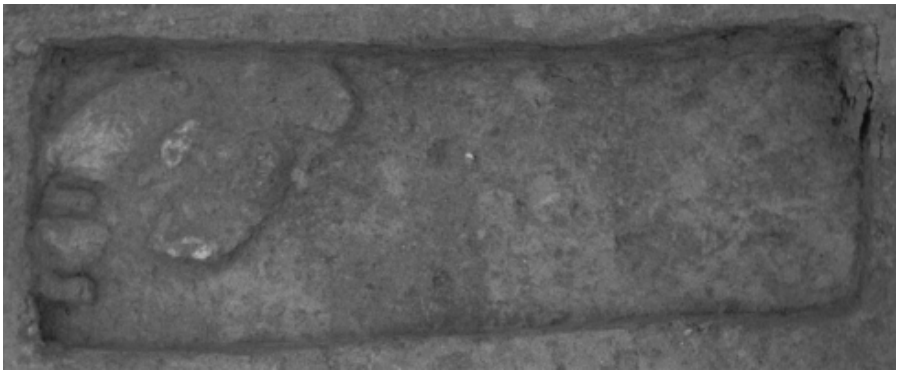
Burial 76 Male. Age unknown. Individual has periostitis of the lower limbs. Several enthesopathies and significant insertion hypertrophies are found throughout skeleton. Myositis ossificans of the femur and moderate to severe osteoarthritis affect several of the appendicular joints. Active healing and healed porotic hyperostosis indicative of nutritional stress can be observed.



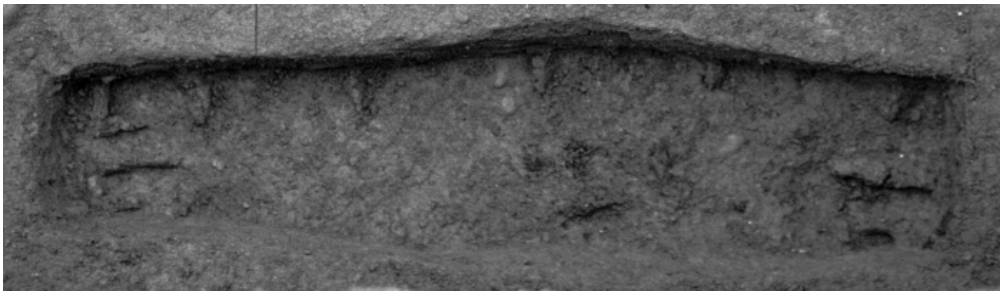
Burial 77 Infant aged .67 to 1.30 years. Hypoplasia and hypocalcification indicative of childhood stress are present.



Burial 78 Age 16 to19. Sex indeterminate. Cranial periostitis is present.



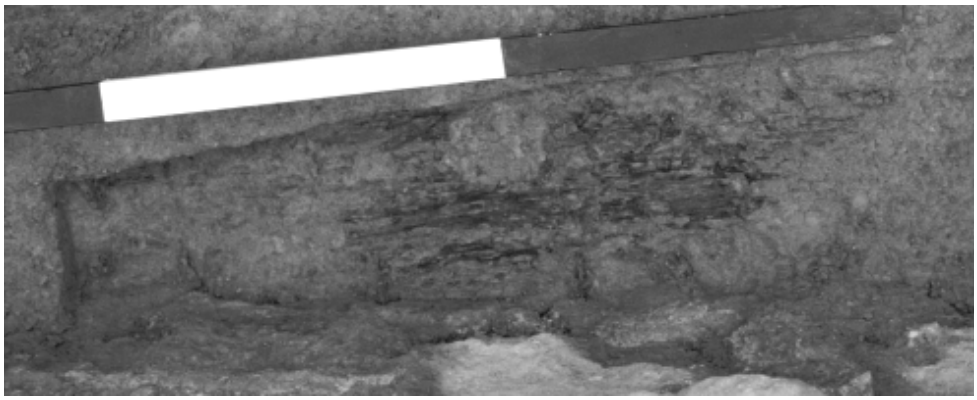
Burial 79 Infant aged .25 to .75 years.



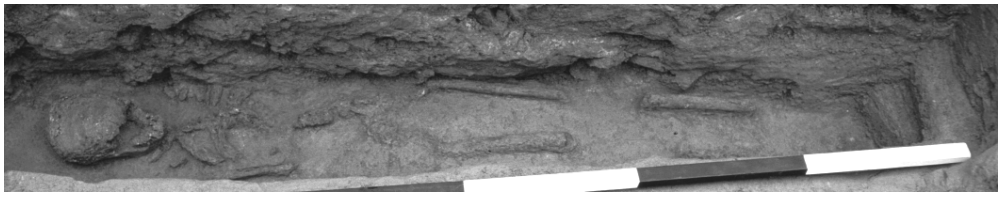
Burial 80 Subadult of indeterminate age.

Burial 81 Female of indeterminate age. Individual has femoral/tibia bowing associated with rickets. Ulnar enthesopathies with mild to moderate osteoarthritis affecting the lower limbs are present.

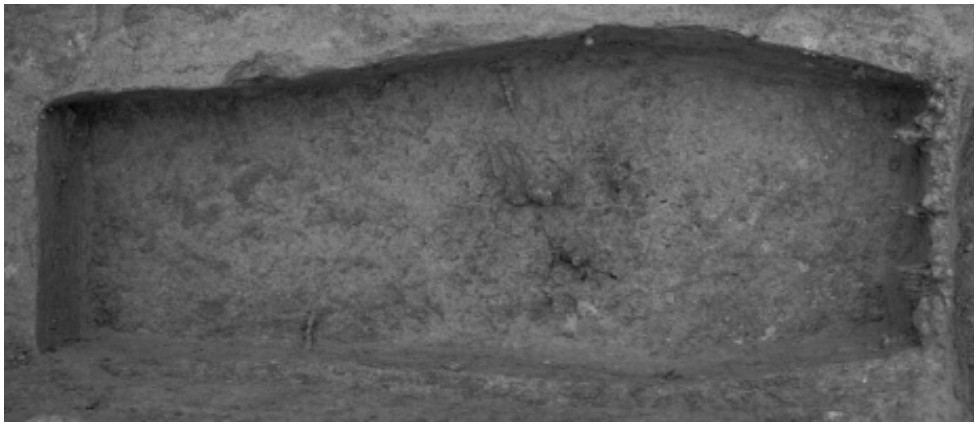
Burial 82 Female aged 18 to 25 years. Individual has cranial periostitis. Osteoarthritis affects the cervical and thoracic vertebrae; cervical osteophytosis is also present. Healed cribra orbitalia indicative of nutritional stress and hypoplastic indicator of childhood stress can be observed.



Burial 83 Subadult aged .00 to 15.00 years.

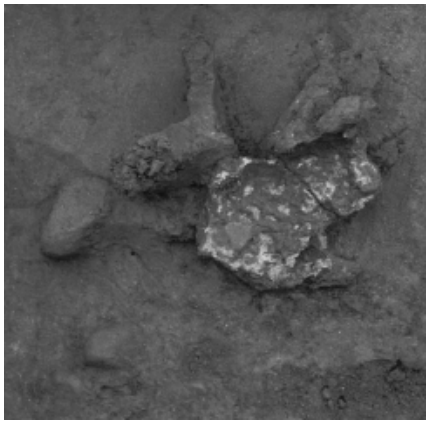


Burial 84 Female aged 17 to 21.0 years. Evidence of osteomyelitis is observable. Significant osteoarthritic lipping of the lumbar vertebrae is present.

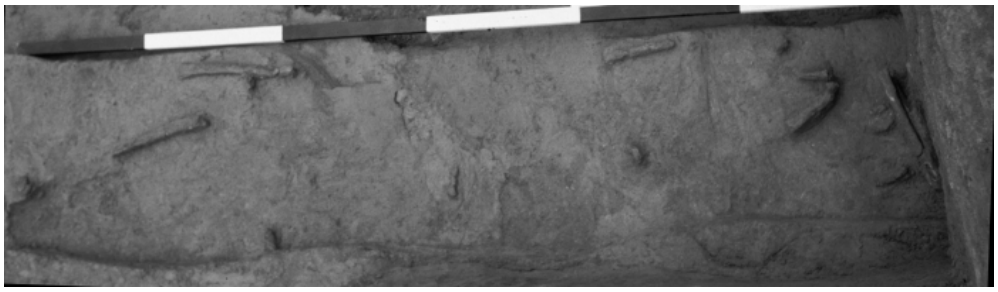


Burial 85 Infant aged .25 to .75 years.

Burial 86 Child aged 6 to 8 years. Individual has periostitis of the lower and upper limbs and crania. Diploic expansion is indicative of nutritional stress.



Burial 87 Child aged 4 to 6 years of age. Diploic expansion indicative of nutritional stress can be observed.



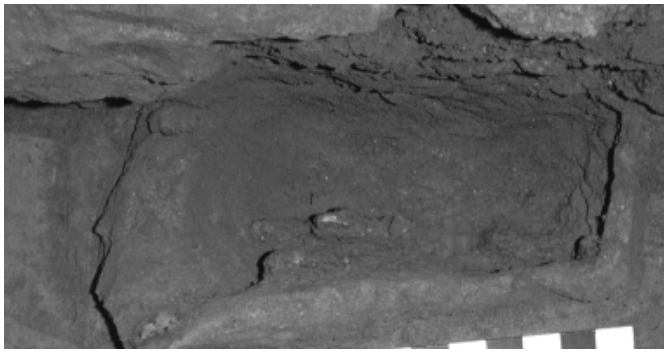
Burial 88 Age and sex indeterminate.

Burial 89 Female aged 50 to 60 years. There is evidence of enthesopathies at twenty plus muscle insertions and significant hypertrophy at many others. Mild to severe osteoarthritis affects nearly all of the joints examined. Osteophytosis is present in all three vertebral regions.

Burial 90 Female aged 35 to 40 years. Significant biomechanical work stress is evidenced by numerous enthesopathies and muscle insertion hypertrophy throughout the skeleton. Mild osteoarthritis affects the shoulder, elbow, and thoracic vertebrae. Schmorl's nodes are present in the lumbar vertebrae. Expanded diploe and healed porotic hyperostosis indicative of nutritional stress and femoral/tibial bowing associated with rickets are observable. Hypoplastic indicators of childhood stress are present.

Burial 91 Infant aged .67 to 1.3 years of age. Periostitis of the lower and upper limbs can be observed. Diploic expansion indicative of nutritional stress and hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 92 Indeterminate age and sex. (Photo above includes Burial 92 and Burial 95.)



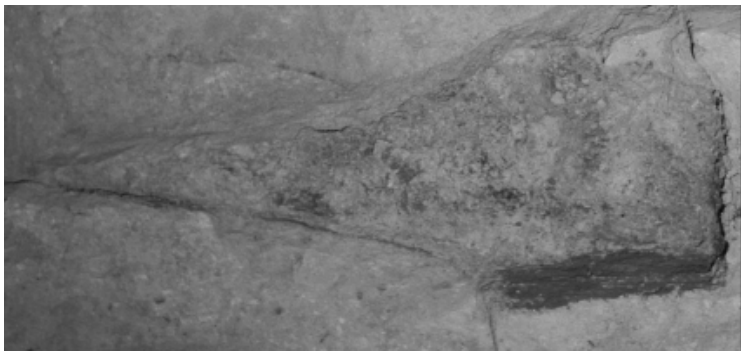
Burial 93 Adult of indeterminate age and sex.

Burial 94 Subadult of indeterminate age. No photograph available *in situ.* Combined with Burial 96, remains are not identifiable in photograph.

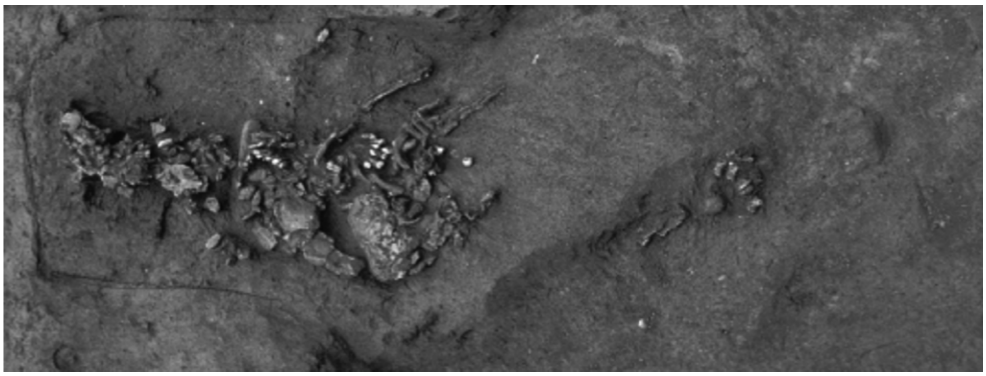
Burial 95 Child aged 7 to 12 years. Enthesopathy at the insertions surrounding the intertubercular groove of the left humerus, and the brachialis insertion of the ulnae show significant hypertrophy. Mild lipping of the zygopophyseal joints affects all vertebral regions.

Burial 96 Male aged 16 to 18 years. Mild to moderate hypertrophies of several muscle insertions are present. Periarticular resorptive foci affect the acetabula. Individual has hypoplastic indicators of childhood stress.

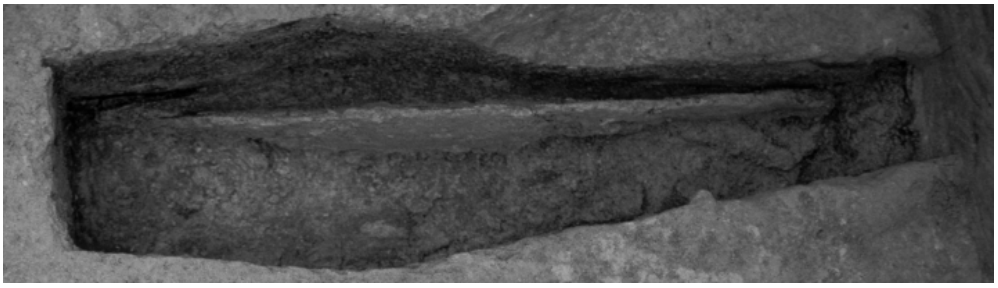
Burial 97 Male aged 40 to 50 years. There is evidence of periostitis of the lower and upper limbs. Enthesopathies at twenty different locations and significant muscle insertion hypertrophies are present throughout the skeleton. Mild to severe osteoarthritis affects many of the axial and appendicular joints. There is carpal bone fusion in the right wrist. In the vertebral column, thoracic and cervical Schmorl's nodes and lumbar spondylolysis are present. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are present.



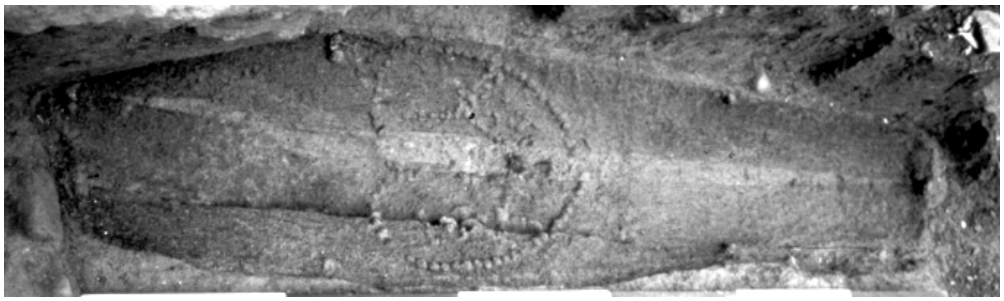
Burial 98 Infant aged 1.0 to 2.0 years.



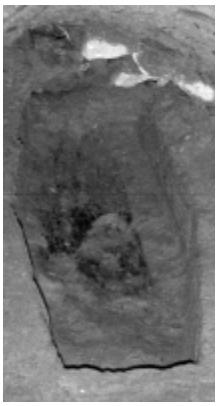
Burial 99 Child aged 6 to 10.0 years.



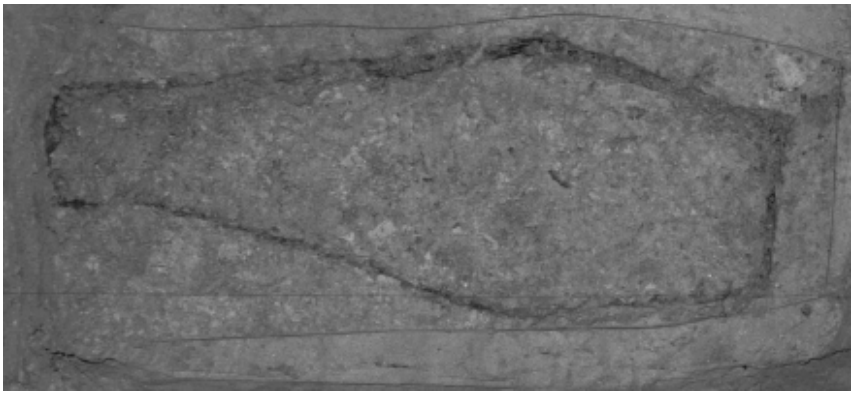
Burial 100 Subadult of indeterminate age.



Burial 101 Male aged 26 to 35 years. Individual has cranial and lower limb periostitis, saber shins, and possible treponemal disease. Enthesopathies of the brachialis insertions of the ulnae, myositis ossificans in the ribs, and a few muscle insertion sites with significant hypertrophy can be observed. Mild to severe osteoarthritis affects the axial and appendicular skeleton. Schmorl's nodes and thoracic spondylolysis are also present. A slight amount of nutritional stress can be observed. Hypoplasia and hypocalcification indicators of childhood stress are present in the dentition. Trace ESA clustering not clearly suggestive of natality. Sr isotope analysis suggests birth in the Americas/New York.



Burial 102 Infant aged 1.33 to 2.67 years. Hypoplasia and hypocalcification indicators of childhood stress are present.



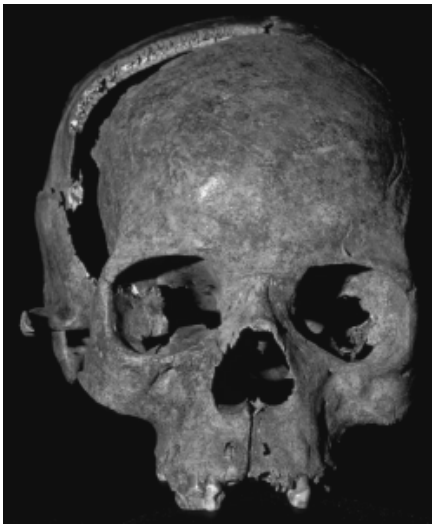
Burial 103 Subadult of indeterminate age.

Burial 104 Female aged 30 to 40 years. There is evidence of lower limb periostitis with numerous enthesopathies and significant muscle insertion hypertrophy. Moderate to severe osteoarthritis affects many axial and appendicular joints. Osteophytosis is present on the cervical and lumbar vertebrae. Diploic expansion indicative of nutritional stress can be observed.

Burial 105 Male aged 35 to 45 years. Individual has periostitis of the lower and upper limbs. There is significant hypertrophy of the linea aspera and biceps brachii insertions of the radii. Mild osteoarthritis affects several appendicular joints. Thoracic and lumbar Schmorl's nodes are also present.

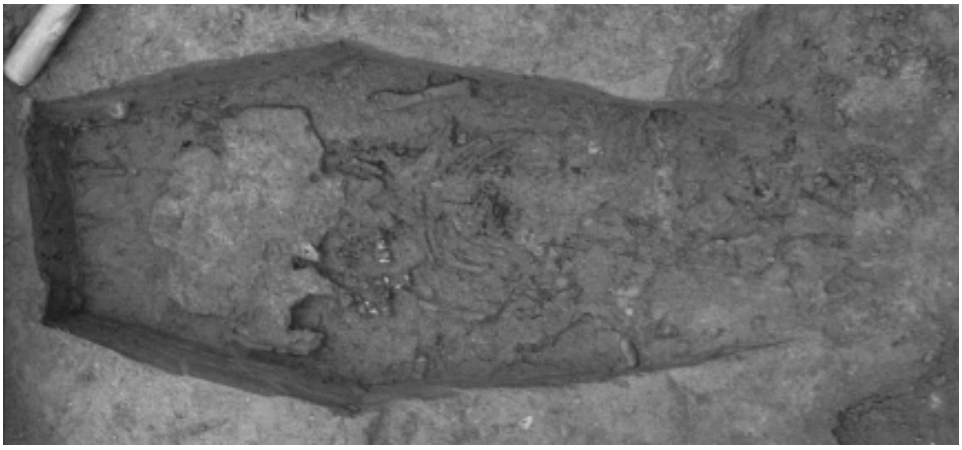
Burial 105.1 Female aged 35 to 45 years (no photograph). Mild osteoarthritis of the hand and knee joints is present.

Burial 106 Female aged 25 to 35 years. Evidence of lower and upper limb periostitis can be observed. There is femoral/tibial bowing associated with rickets. Well-developed femoral linea aspera can be observed. Trace ESA clustering is not clearly suggestive of natality. Sr isotope analysis suggests birth in Africa.



Burial 107 Female aged 35 to 40 years. Individual has enthesopathies or significant hypertrophy of many muscle insertions throughout the skeleton. Mild to moderate osteoarthritis affects most axial and appendicular joints. Osteophytes, Schmorl's nodes, and lumbar spondylolysis of the vertebrae are present. Diploic expansion indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are present.

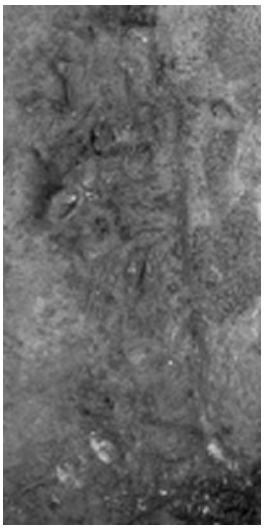
Burial 108 Infant aged .25 to .75 years.



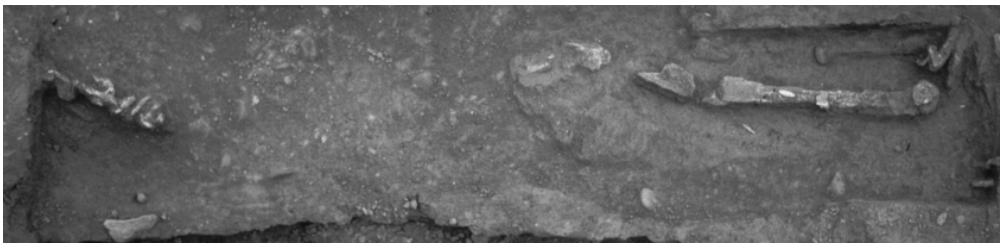
Burial 109 Infant aged .67 to 1.33 years. Hypoplasia and hypocalcification indicate childhood stress.

Burial 110 Infant aged -.17 to .17 years.

Burial 111 Infant aged .67 to 1.33 years. Hypoplasias and hypocalcifications indicate childhood stress.



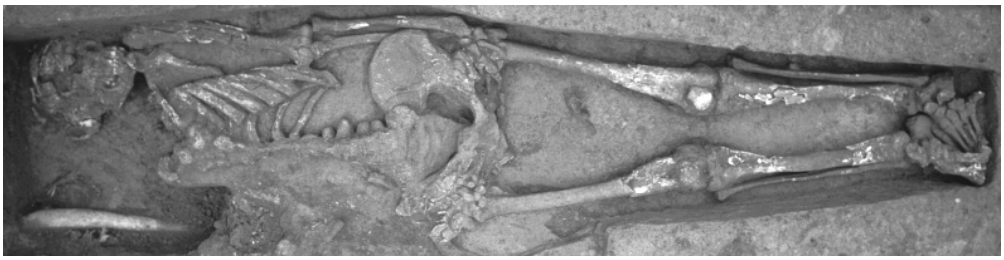
Burial 112 Infant aged .25 to .75 years.



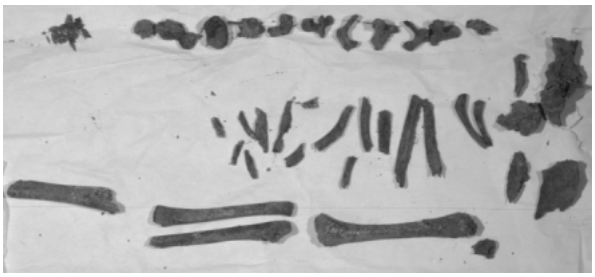
Burial 113 Adult of indeterminate age.

Burial 114 Male aged 45 to 50 years. Individual has upper and lower limb periostitis. There is evidence of multiple enthesopathies and significant and muscle insertion hypertrophies in the upper limbs. The linea aspera of the femora are well developed. Mild osteoarthritis affects several upper and lower limb joints with moderate to severe changes in the elbow and wrist. Osteophytosis is present on cervical, thoracic, and lumbar vertebrae. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed. Hypoplasias and hypocalcifications indicate childhood stress. Low Sr isotope values suggest birth possibly in the Caribbean.

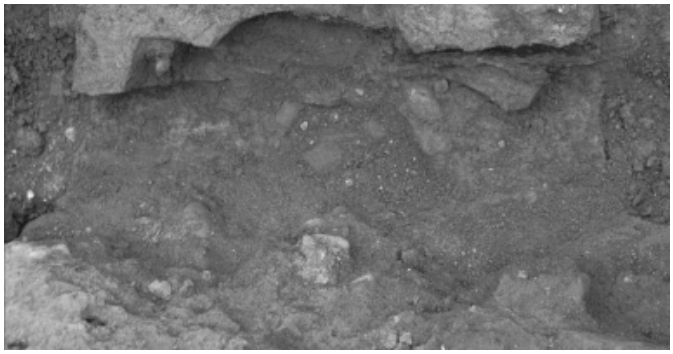
Burial 115 Female aged 25 to 34.9 years. Lower limb and cranial periostitis are present. Enthesopathic attachments are present on humeri, ulnae, and clavicles. Mild osteoarthritis affects the shoulder, elbow, hand, and knee. Hypoplasias and hypocalcification indicate childhood stress. Trace ESA clustering suggests birth in Africa. Sr isotope analysis suggests birth probably in the Americas/New York.



Burial 116 Male aged 45 to 55 years. There is evidence of lower limb periostitis and possible treponemal disease. Several enthesopathies of the clavicles and ulnae are observable. Eburnation affects the proximal and distal articulations of the tibiae. Osteophytes are present on the lumbar vertebrae.



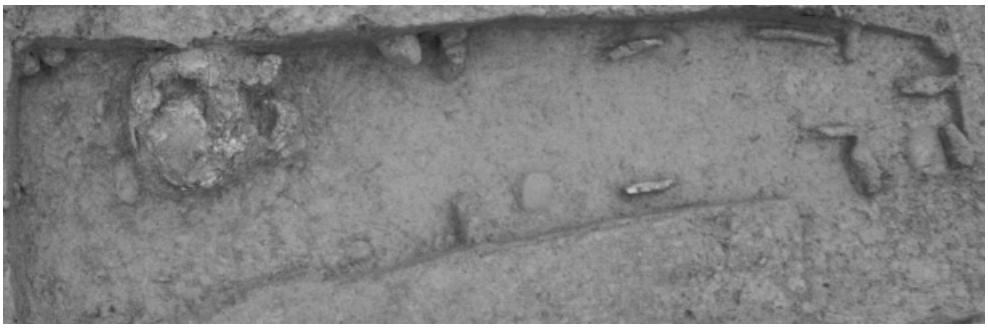
Burial 117 Perinatal. There is observable periostitis of lower and upper limbs throughout the skeleton.



Burial 118 Adult of indeterminate age.

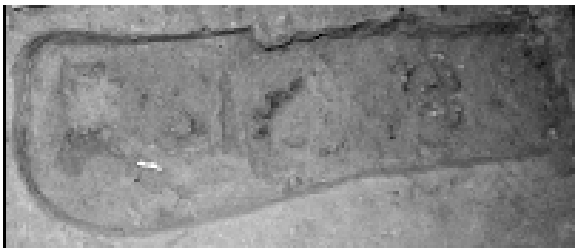
Burial 119 Male aged 35 to 45 years. Occipital enthesopathy is present and peri-articular resorptive foci are present at the acetabula.

Burial 120 Female aged 25 to 34 years. There is evidence of lower limb periostitis and of well-developed deltoid tuberosities of the humeri. Diploic expansion indicative of nutritional stress can be observed. Hypoplasias and hypocalcifications indicate childhood stress.



Burial 121 Child aged 2.5 to 4.5 years. Diploic expansion indicative of nutritional stress can be observed. Hypoplasias indicators of childhood stress are present.

Burial 122 Female aged 18 to 20.0 years. Individual has cranial and lower upper limb periostitis, several muscle insertions with significant hypertrophy throughout the skeleton, and enthesopathies of the humerus and clavicles. Mild to severe osteoarthritis affects axial and appendicular joints. There is femoral/tibial bowing associated with rickets. Healed porotic hyperostosis, cribra orbitalia, and diploic expansion indicative of nutritional stress can be observed.

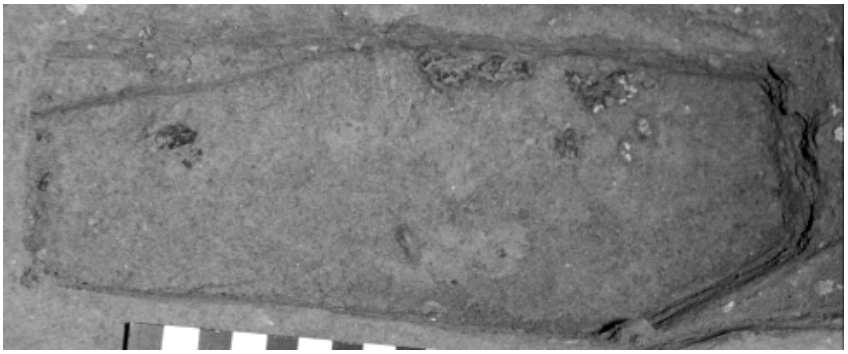


Burial 123 Infant aged .67 to 1.33 years. Hypoplasia and hypocalcification indicate childhood stress.

Burial 124 Adult of indeterminate age. Lower limb periostitis can be observed. Diploic expansion indicative of nutritional stress is present.

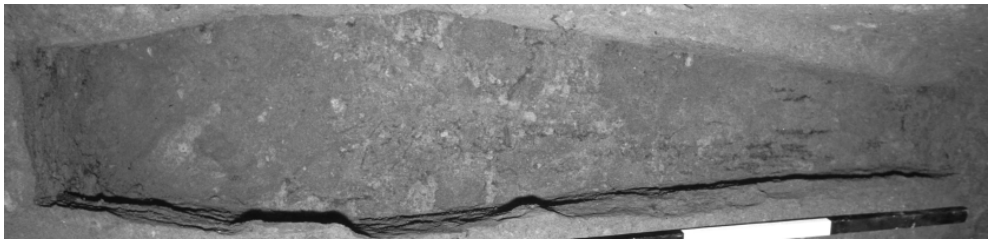
Burial 125 Indeterminate age and sex. Evidence of lower limb periostitis is present. Severe osteoarthritis affects the foot and ankle.

Burial 126 Child aged 3.5 to 5.5 years. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed. Hypoplasias indicative of childhood stress are present. Trace ESA clustering is not clearly suggestive of natality.



Burial 127 Infant aged .67 to 1.33 years. Hypoplasias indicative of childhood stress are present.

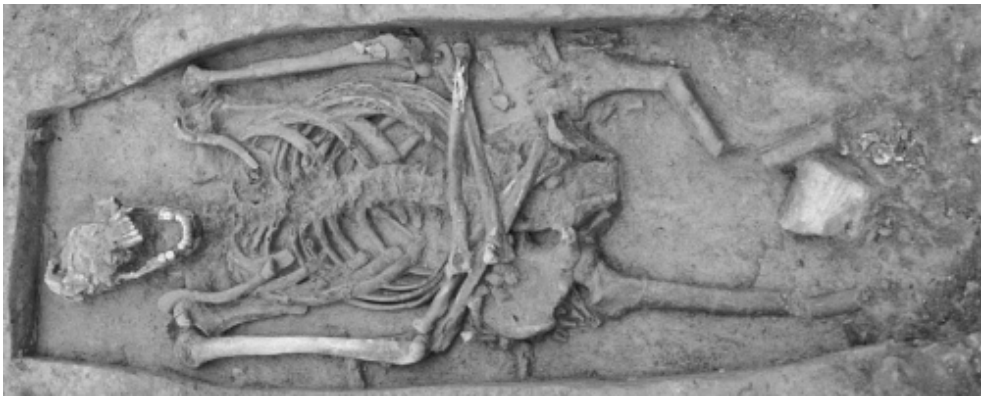
Burial 128 Subadult of indeterminate age.



Burial 129 Indeterminate age and sex.

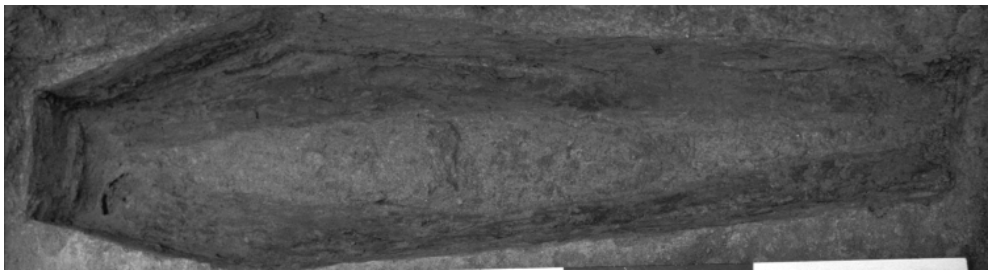
Burial 130 Infant aged 1.0 to 2.0 years. Individual has healed cribra orbitalia indicative of nutritional stress; hypoplasia and hypocalcification indicators of childhood stress are also present.

Burial 131 Subadult age unknown.



Burial 132 Male aged 25 to 30 years. Individual has lower limb periostitis. The skeleton exhibits syndesmophytes at the rhomboid ligament attachment of the clavicle. Moderate osteoarthritis affects the hip.

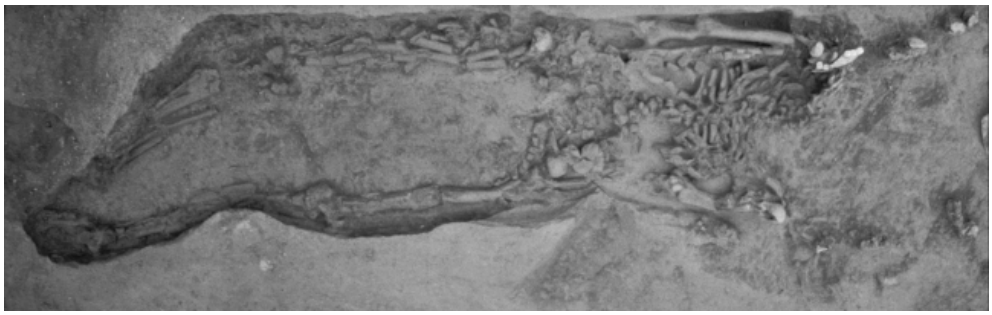
Burial 133 Infant aged 1.0 to 2.0 years. Lower and upper limb periostitis can be observed. Hypoplasia and hypocalcification indicators of childhood stress are present.



Burial 134 Female aged 40 to 50 years. Individual has lower limb periostitis and several significant hypertrophies of muscle insertions on the humerus and femur. Moderate to severe osteoarthritis affects the ankle, foot, and shoulder. There is ankylosis of the sacroiliac joints.

Burial 135 Male aged 30 to 40 years. Lower limb periostitis is observable. There are extensive numbers of enthesopathies and significant muscle insertion hypertrophies throughout the skeleton. Osteoarthritis affects axial and appendicular joints. Osteophytes and Schmorl's nodes are also present. Hypoplasias evidence childhood stress. Healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 136 Subadult of indeterminate age.



Burial 137 Adult of indeterminate sex, aged 25 to 35 years.

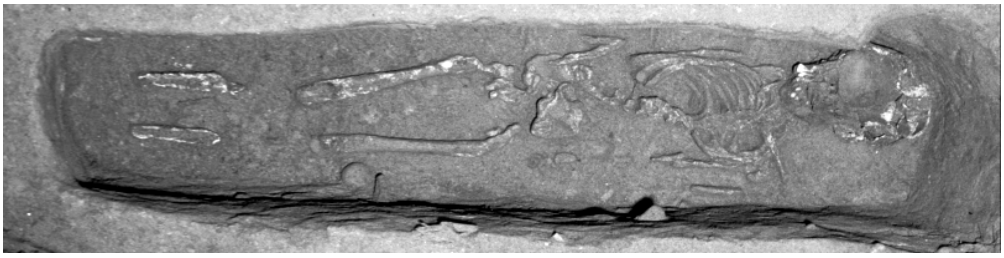
Burial 138 Child aged 3 to 4.9 years. This individual exhibits healed porotic hyperostosis and diploic expansion. Hypoplasia and hypocalcification indicators of childhood stress are present. Trace ESA clustering suggests birth in the Americas/New York. Sr isotope analysis also suggests birth in the Americas/New York.

Burial 139 Empty shaft.

Burial 140 Empty shaft.

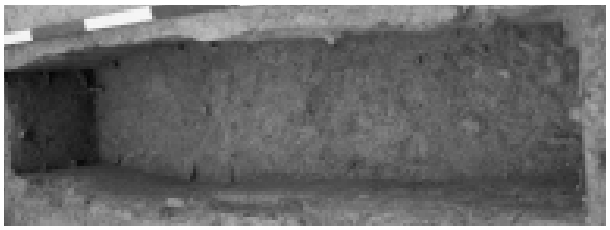
Burial 141 Empty shaft.

Burial 142 Female aged 25 to 30 years. Present are significant hypertrophies of single insertions of the ilia, humeri, and scapulae with severe osteoarthritis of the hip and knee. Hypocalcifications indicators of childhood stress are present. (Photo above includes subadult Burials 144 and 149.)



Burial 143 Child aged 6 to 10 years.

Burial 144 Infant aged 0 to .17 years.

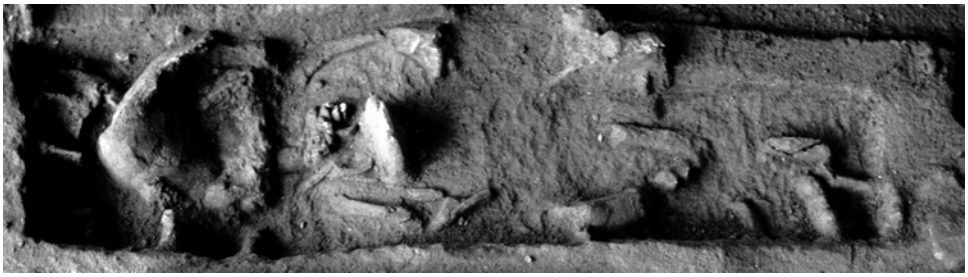


Burial 145 Empty Shaft.

Burial 146 Infant aged 0 to .49 years.

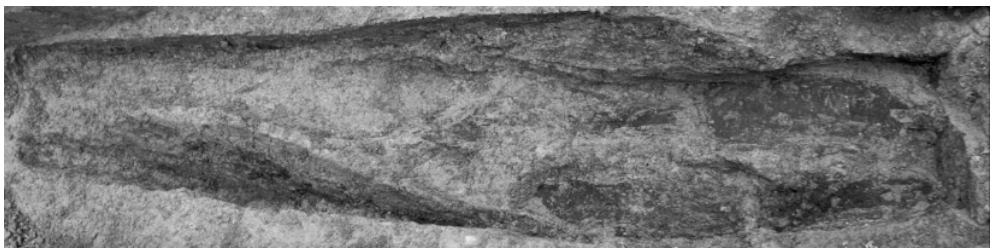
Burial 147 Male aged 55 to 65 years. Periostitis is present in the lower and upper limbs and possible treponemal disease. Most of the muscle insertions examined show enthesopathies or significant hypertrophy. Moderate to severe osteoarthritis affects all of the major joint complexes. Osteophytes are observable in the cervical, thoracic, and lumbar regions of the spine. Healed cribra orbitalia and diploic expansion indicative of nutritional stress can also be observed. Hypoplasias indicative of childhood stress are present.

Burial 148 Unsexed aged 12 to 15 years. There is evidence of femoral and tibial bowing associated with rickets. Cranial synostosis can also be observed.



Burial 149 Infant aged .50 to 1.0 years.

Burial 150 Female aged 20 to 28 years. There is evidence of cranial and lower and upper limb periostitis. Several muscle insertions in the upper limb have significant hypertrophy. Mild to severe osteoarthritis affects many appendicular joints and the lumbar vertebrae. Healed cribra orbitalia indicative of nutritional stress can be observed. Hypoplasia and hypocalcification indicators of childhood stress are present.



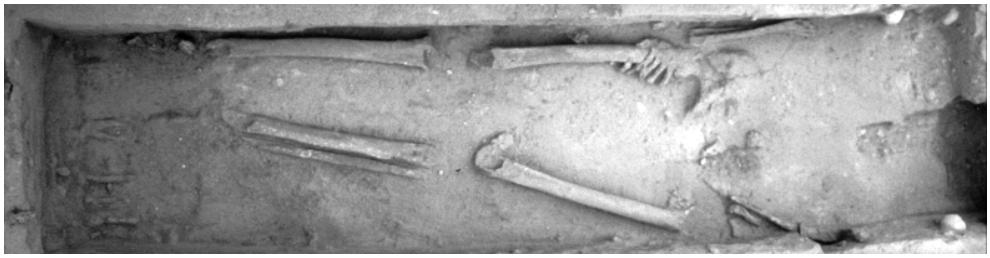
Burial 151 Male aged 35 to 45 years. Individual has syndesmophytes

at the rhomboid attachment on the clavicle and several significant hypertrophies in the upper limb. Mild osteoarthritis affects the axial and appendicular skeleton with moderate changes in the lumbar vertebrae and elbow. Osteophytosis occurs throughout the vertebral column and Schmorl's nodes are present on the sacral body and inferior end plate of L5. There is evidence of dislocation at the left temporo-mandibular joint and osteochondritis dissicans at the knee. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can also be observed.

Burial 152 Age and sex indeterminate.

Burial 153 Female of indeterminate age. Hypoplasias indicative of childhood stress are present. Individual has lumbar osteophytosis.

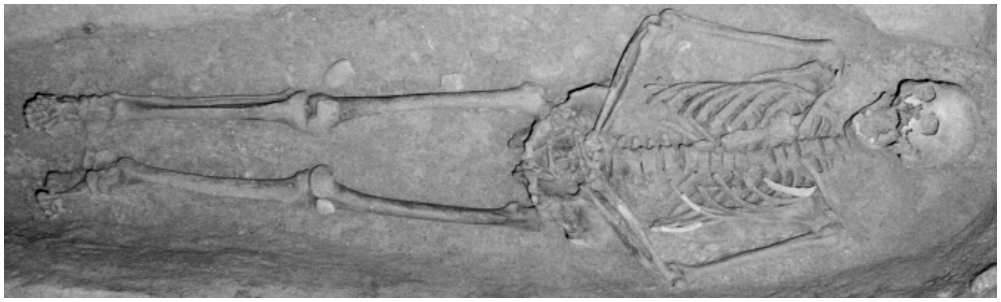
Burial 154 Female aged 25 to 29 years. This individual has lower and upper limb periostitis. Individual has multiple enthesopathies and hypertrophies of muscle insertions, predominately in the upper limb. Mild to moderate osteoarthritis affects the axial and appendicular skeleton. Osteophytes and Schmorl's nodes are also present. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed.



Burial 155 Adult of indeterminate age and sex. Possible treponemal disease is observable.

Burial 156 Female of indeterminate age. This individual has lower limb periostitis. Individual has multiple enthesopathies and significant hypertrophies. Mild to moderate osteoarthritis affects all joint complexes examined. There is evidence of Femoral/tibial bowing associated with rickets.

Burial 157 Female of indeterminate age and sex. Individual has significant hypertrophy of the gluteal muscle attachments on the femora.

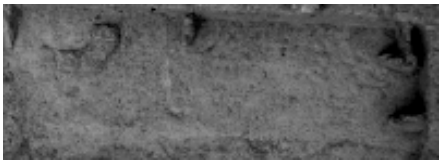


Burial 158 Male aged 20 to 30 years. Individual has lower limb and cranial periostitis. Multiple enthesopathies and significant muscle insertion hypertrophy are present throughout the skeleton. Mild to severe osteoarthritis affects axial and appendicular joints. Cervical osteophytes and Schmorl's nodes are present. Healed porotic hyperostosis and cribra orbitalia indicative of nutritional stress can also be observed. Hypoplasia and hypocalcification indicators of childhood stress are also present.

Burial 159 Female aged 25 to 34.9 years. Evidence of meningitis with cranial, lower and upper limb periostitis are present. Multiple enthesopathies and significant muscle insertion hypertrophies are

present primarily in the upper limbs. Mild to moderate osteoarthritis affects axial and appendicular joints. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 160 Child aged 3.5 to 5.5 years. Hypoplasia and hypocalcification indicators of childhood stress are present. Trace ESA clustering suggests birth in the Americas/New York.

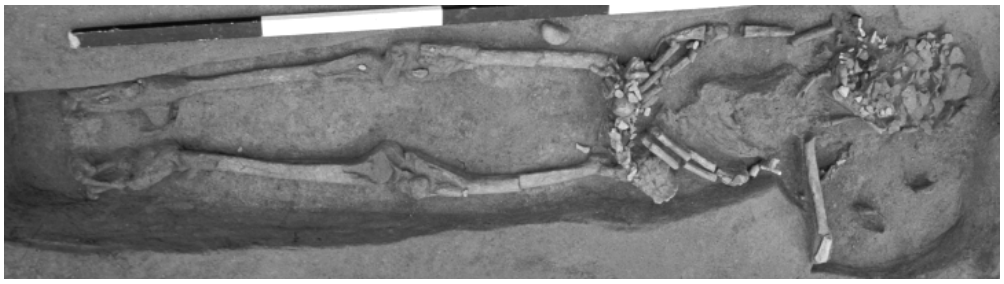


Burial 161 Subadult of indeterminate age.

Burial 162 Male aged 35 to 45 years. Osteophytes of the thoracic vertebrae are present.

Burial 163 Male aged 18 to 24 years. Significant hypertrophy of the gluteal muscle attachments of the femora are present.

Burial 164 Child/adolescent aged 8 to 13 years. The skeleton has significant hypertrophy of the gluteal muscle attachments of the femora and the insertions of the intertubercular grooves on the humeri.

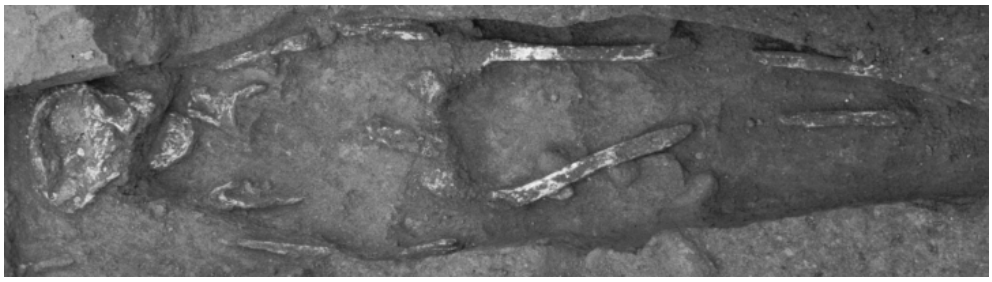


Burial 165 Adult of indeterminate age. There is observable lower limb periostitis. Healed porotic hyperostosis, cribra orbitalia, and diploic expansion indicative of nutritional stress are present.

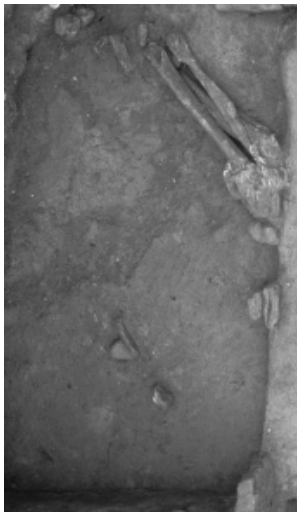
Burial 166 Infant aged .50 to 1.0 years.

Burial 167 Child/adolescent aged 8.5 to 12.5 years. Trace ESA clustering is not clearly suggestive of natality. Sr isotope analysis suggests birth in the Americas/New York.

Burial 168 Male of indeterminate age. Individual has several enthesopathies in the upper limbs.



Burial 169 Child aged 5.5 to 9.5 years. Cribra orbitalia and diploic expansion indicate nutritional deficiency. Trace ESA clustering suggests birth in the Americas/New York.



Burial 170 Child aged 7 to 11.0 years.
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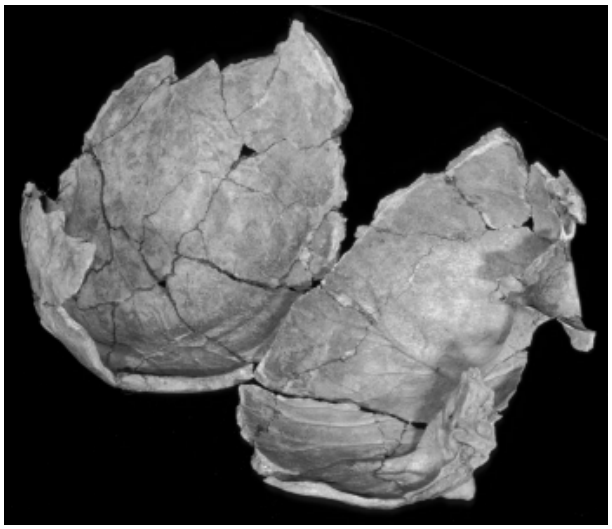
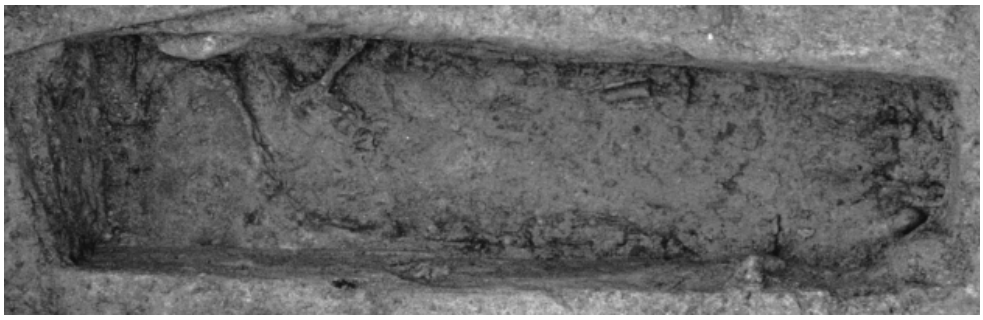


Burial 171 Male aged 44 to 60 years. There is evidence of cranial and lower and upper limb periostitis. The individual has enthesopathies or

significant hypertrophies at all muscle and ligament attachments examined. Moderate to severe osteoarthritis affects at least one articulation in all axial and appendicular joint regions. Bilateral sacroiliac fusion is present. Healed cribra orbitalia indicative of nutritional stress can be observed. Hypoplasia indicators of childhood stress are also present.

Burial 172 Female aged 25 to 34.9 years. Evidence of lower limb periostitis and possible treponemal disease is present. The skeleton has significant muscle attachment hypertrophy throughout with enthesopathies on the ulnae and tibiae. Mild osteoarthritis affects the hand and ribs with moderate changes in the knee joint. Cervical osteophytes are present.



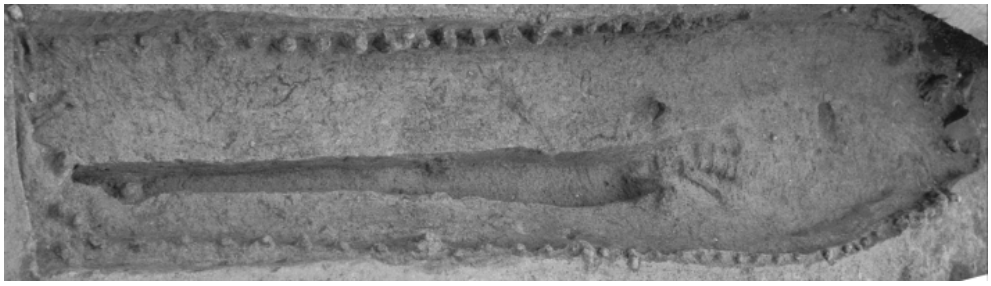
Burial 173 Infant aged .25 to .75 years.

Burial 174 Male aged 17 to 18 years. Individual has a moderate number of muscle attachments with hypertrophy or enthesopathies. Mild

osteoarthritis affects the ankle and moderate changes are present in the synovial joints of the lumbar vertebrae. Healed porotic hyperostosis and cribra orbitalia indicative of nutritional stress can be observed.

Burial 175

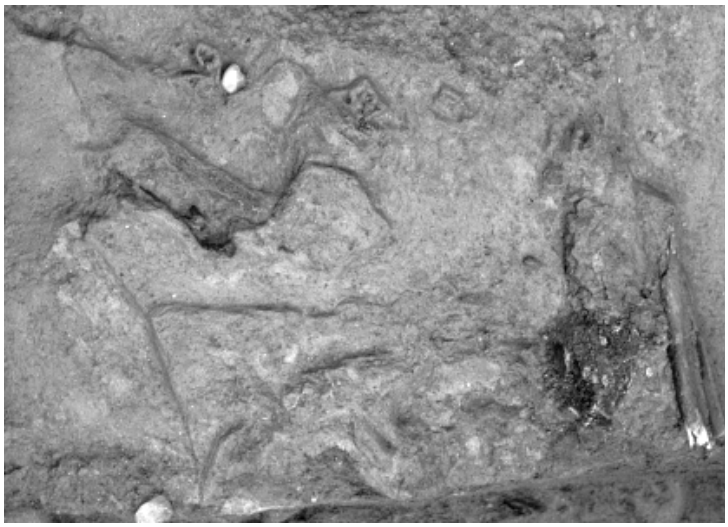
Male aged 24 to 28 years. There is evidence of lower limb periostitis. Individual has multiple enthesopathies of the humeri and ulnae with significant muscle attachment hypertrophies throughout the skeleton. Mild osteoarthritis affects the knee and ankle. Significant lipping is present at the acetabula. Lumbar osteophytosis and Schmorl's nodes are found in the vertebrae. Healed porotic hyperostosis and cribra orbitalia indicative of nutritional stress can be observed.



Burial 176

Male aged 20 to 24 years. Lower and upper limb periostitis is present. The skeleton has significant hypertrophy of three attachments in the upper limb. Mild lipping affects the elbow, ribs, and synovial joints of the cervical vertebrae. Active, healing, and healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed.

Burial 177 Adult aged 30 to 60 years. Sex indeterminate.



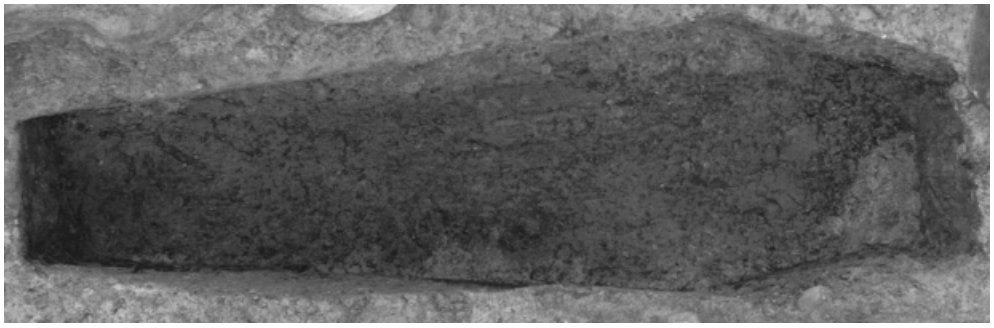
Burial 178 Adult male of indeterminate age. Mild lipping affects the lumbar synovial joints.

Burial 179 Male aged 25 to 30 years. There is evidence of cranial and lower limb periostitis and possible treponemal disease. Individual has significant hypertrophy at several muscle insertions and milder hypertrophy at remaining attachments. Enthesopathies and myositis ossificans are present. There is evidence of osteophytosis of the vertebrae with severe osteoarthritis and Schmorl's nodes observable. Active, healing, and healed porotic hyperostosis and healed cribra orbitalia indicative of nutritional stress can be observed. Hypoplasia indicators of childhood stress are present.

Burial 180 Child/adolescent aged 11 to 13 years. Individual has lower limb periostitis. Mild porosity on articular surface of the humeral and femoral heads is present. There is evidence of femoral/tibial bowing associated with rickets. Trace ESA clustering is not clearly suggestive of natality. Sr isotope analysis suggests birth in the Americas/New York.

Burial 181 Male aged 20 to 23 years. Lower limb periostitis and possible treponemal disease. Enthesopathies on the left fibula and right humerus are present. Moderate to severe osteoarthritis affects the sacroiliac joint, shoulder, and ankle. Thoracic Schmorl's nodes are present.

Burial 182 Child/adolescent aged 7.5 to 12.5 years.



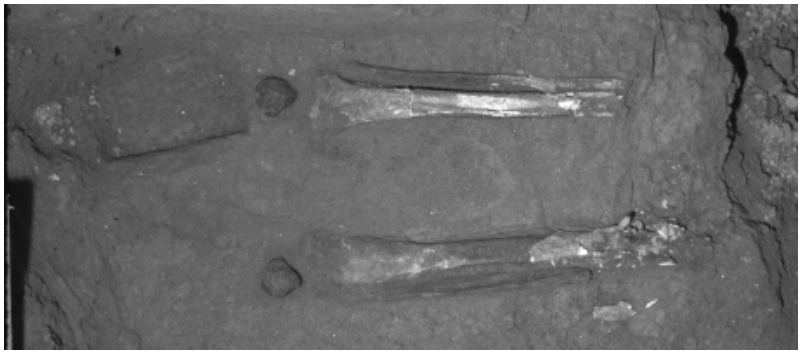
Burial 183 Infant aged .63 to 1.13 years.

Burial 184 Infant aged 1.0 to 1.5 years.

Burial 185 Male aged 21 to 23 years. There is evidence of lower and upper limb periostitis. Multiple enthesopathies and significant muscle attachment hypertrophies concentrated in the upper limb are present. Mild osteoarthritis affects the hip, knee, and elbow with moderate changes in the hand. Hypoplasias indicative of childhood stress are present.

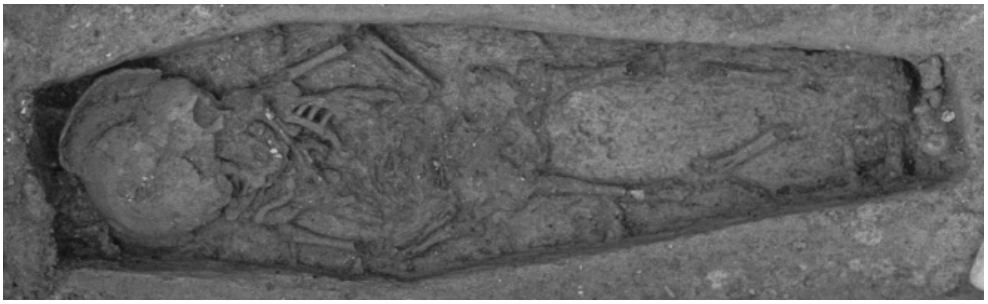
Burial 186 Infant aged 0 to .17 years. Healed cribra orbitalia indicative of nutritional stress can be observed.

Burial 187 Infant aged 1.5 to 4.0 years. Hypoplasia and hypocalcification indicators of childhood stress are present.



Burial 188 Adult 26 to 32 years. Lower limb periostitis is present.

Burial 189 Adult of indeterminate age and sex. Osteomyelitis can be observed.



Burial 190 Infant age .38 to .88 years. Cribra orbitalia indicative of nutritional stress can be observed.

Burial 191 Male aged 25 to 30 years. Individual has lower limb periostitis. Multiple enthesopathies and significant muscle attachment hypertrophies are present throughout the skeleton. Mild osteoarthritis affects the wrist and hand with moderate changes of the ankle and foot joints. Lumbar osteophytes are present. Healed porotic hyperostosis and cribra orbitalia indicative of nutritional stress can also be observed.

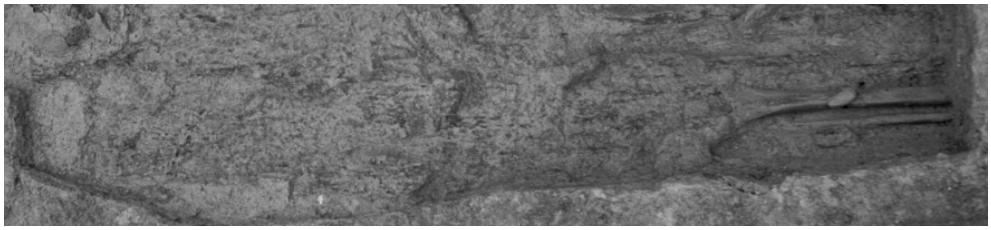
Burial 192 Female aged 40 to 60 years. A number of enthesopathies and significant muscle attachment hypertrophies are scattered throughout the skeleton. Severe osteoarthritis with eburnation is present in the elbow, wrist, ankle, and foot. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed.

Burial 193 Male aged 30 to 48 years. There is evidence of lower limb periostitis. Several enthesopathies of the upper limb and significant muscle attachment hypertrophies throughout the skeleton are present. Moderate osteoarthritis affects the hip, elbow and shoulder. Femoral/tibial bowing associated with rickets was observed.

Burial 194 Male aged 30 to 40 years. Individual has lower limb periostitis. Enthesopathies of the attachments surrounding the intertubercular groove of the humeri and other attachments exhibit significant muscle attachment hypertrophy. Lumbar osteophytes are present and moderate osteoarthritis affects the elbow, knee, ankle, and foot. Diploic expansion indicative of nutritional stress can be observed.

Burial 195 Female aged 30 to 40 years. Evidence of lower limb periostitis is present. Numerous enthesopathies and muscle attachment hypertrophies are concentrated in the upper limbs. Mild to moderate osteoarthritis affects most joints in the axial and appendicular skeleton with carpal joint fusion in the wrist. Cervical and thoracic osteophytes are present. Healed porotic hyperostosis and cribra orbitalia indicate nutritional deficiency.

Burial 196 Adult aged 20 to 24 years. Healed porotic hyperostosis indicative of nutritional stress can be observed.



Burial 197 Female aged 45 to 55 years. Individual has lower limb periostitis. Numerous enthesopathies and muscle attachment hypertrophies occur throughout the skeleton. Mild to severe osteoarthritis affects most axial and appendicular joints. Cervical and thoracic osteophytes are present. Healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 198 Subadult of indeterminate age.

Burial 199.1 Female aged 30 to 40 years. Lower limb periostitis is present. Moderate number of enthesopathies and significant muscle attachment hypertrophies are present throughout the skeleton. Mild to severe osteoarthritis affects most axial and appendicular joints. Cervical and thoracic osteophytes and myositis ossificans of the left femur are present. Healed porotic hyperostosis indicative of nutritional stress can be observed.

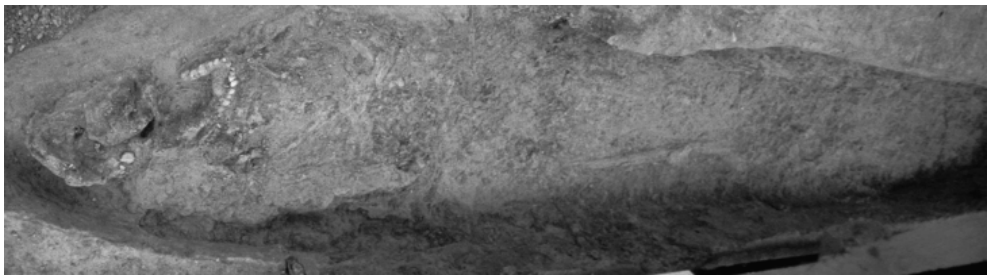
Burial 199.2 Adult male of indeterminate age. (No photograph).

Burial 199.3 Infant aged 0 to 4.1 years. (No photograph).

Burial 200 Male of indeterminate age. The individual has well-developed deltoid tuberosities on the humeri. Moderate osteoarthritis affects the elbow joint with lumbar and sacral osteophytes present. Hypoplasias indicative of childhood stress are present.

Burial 201 Infant aged 1.50 to 3.5 years. Periostitis of the lower and upper limbs is present. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 202 Female aged 12 to 18 years. Periostitis of the lower limbs is observable. Femoral and tibial bowing associated with rickets are present.



Burial 203 Adult aged 12 to 18 years.

Burial 204 Female of indeterminate age. Individual has a few enthesopathies and significant muscle attachment hypertrophies on the humeri and clavicles. Mild to moderate osteoarthritis affects the ribs and shoulder joints with cervical osteophytes also present.

Burial 205 Female aged 18 to 20 years. Individual has several enthesopathies and significant muscle insertions hypertrophies, primarily in the upper limb. Mild osteoarthritis affects appendicular joints. Hypoplastic indicators of childhood stress are present.

Burial 206 Subadult of indeterminate age.

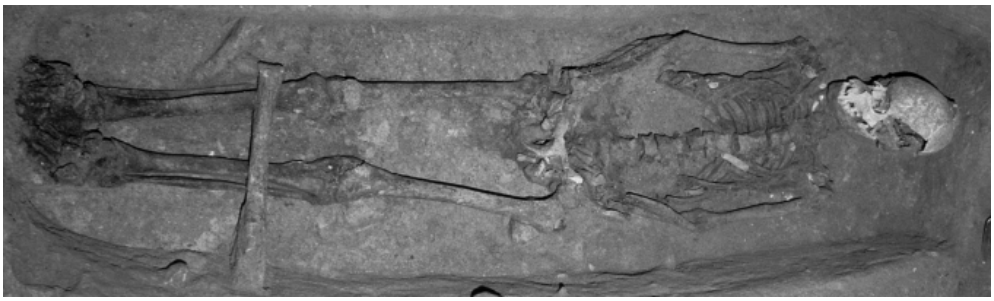
Burial 207 Female aged 25 to 35 years. Periostitis of lower limbs is present with enthesopathies of the linea aspera and significant muscle attachment hypertrophies on the ulnae and tibiae. Mild osteoarthritis is present which affects the knee, ankle and foot. Diploic expansion indicative of nutritional stress can be observed.

Burial 208 Infant aged .5 to 1.0 years.

Burial 209 Male aged 40 to 50 years. Individual has periostitis of the crania and lower and upper limbs, lower limb osteomyelitis, saber shins, and possible treponemal disease. Numerous enthesopathies and significant muscle insertions hypertrophies are present throughout the skeleton. Moderate to severe osteoarthritis affects most axial and appendicular joints. Also present is osteophytosis of the vertebrae with observable Schmorl's nodes. Active healing, and

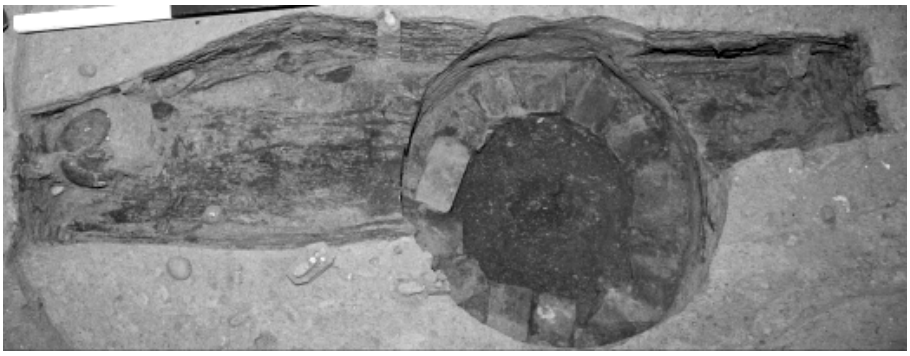
healed porotic hyperostosis with diploic expansion indicative of nutritional stress can also be observed.

Burial 210 Male aged 35 to 45 years. Periostitis of the crania, lower and upper limbs with enthesopathies and many muscle attachments with significant hypertrophy occur throughout the skeleton. Moderate to severe osteoarthritis affects most axial and appendicular joints. Osteophytes are present and there is endplate collapse in the lumbar vertebrae. Healed porotic hyperostosis and cribra orbitalia indicative of nutritional stress can also be observed. Hypoplasia indicators of childhood stress are present.

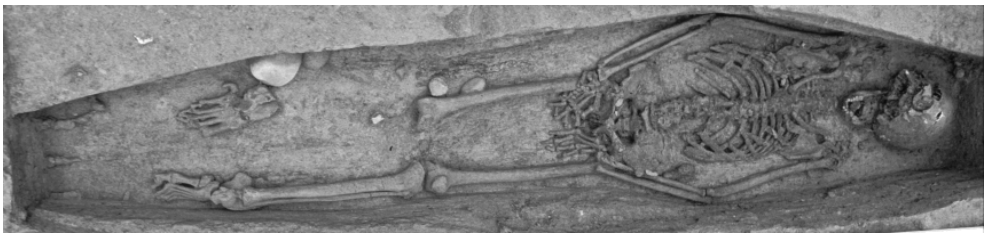


Burial 211 Adult of indeterminate age and sex.

Burial 212 Child aged 4.5 to 5.5 years. Individual has lower limb periostitis.

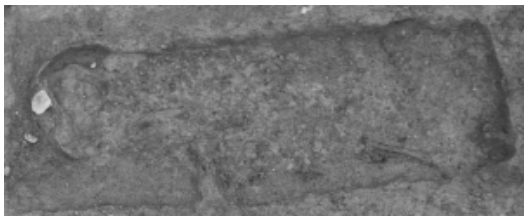


Burial 213 Female aged 45 to 55 years. Individual has a moderate number of enthesopathies and muscle attachments with significant hypertrophy throughout the skeleton. Mild to moderate lipping affects the lumbar synovial joints and sacroiliac articulation. Diploic expansion indicative of nutritional stress can be observed.



Burial 214 Male aged 45 to 55 years. There is evidence of the lower and upper limb periostitis. Throughout the skeleton are numerous enthesopathies and significant muscle attachment hypertrophies. Moderate to severe osteoarthritis affects most axial and appendicular joints. Cervical, thoracic, and lumbar osteophytosis is present. There is evidence of femoral/tibial bowing associated with rickets. Healed porotic hyperostosis and cribra orbitalia with diploic expansion indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are also present. Sr isotope analysis suggests birth in Africa.

Burial 215 Infant aged 0 to .16 years.



Burial 216 Infant aged 0 to .16 years.

Burial 217 Male aged 17 to 19 years. Individual has periostitis crania and lower limbs with numerous enthesopathies and significant muscle attachment hypertrophies throughout the skeleton. Mild to severe osteoarthritis affects most axial and appendicular joints. There is evidence of femoral/tibial bowing associated with rickets. Healed porotic hyperostosis and active and healing cribra orbitalia with diploic expansion indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are present.

Burial 218 Infant aged .50 to 3.5 years.

Burial 219 Child aged 4 to 5 years. There is evidence of lower and upper limb periostitis present. Individual has lytic syndesmopathy of the rhomboid ligament attachment. There is evidence of femoral/tibial bowing associated with rickets. Trace ESA clustering suggests birth in the Americas/New York. Sr isotope analysis also suggests birth in the Americas/New York.

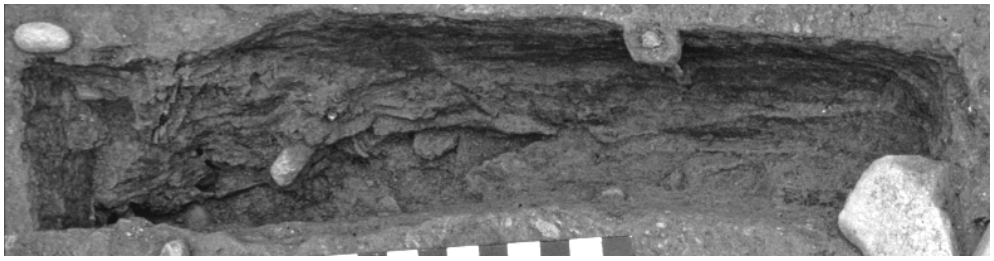
Burial 220 Subadult of indeterminate age.

Burial 221 Male aged 30 to 60 years. There is evidence of lower limb periostitis and possible treponemal disease. A moderate number of significant muscle insertion hypertrophies are observable throughout the skeleton. Mild osteoarthritis affects the knee and ankle with moderate changes in the joints of the hand. Healed porotic hyperostosis indicative of nutritional stress can be observed.

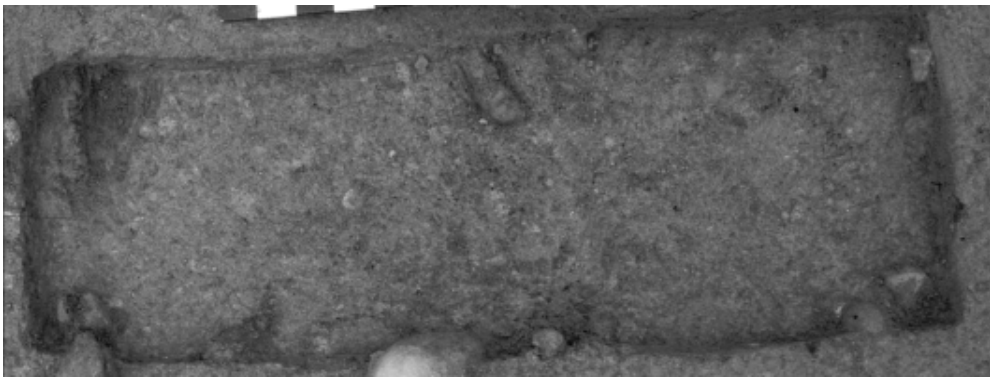
Burial 222 Male of indeterminate age. Evidence of lower limb periostitis and possible treponemal disease is present. Enthesopathies and significant muscle attachment hypertrophies occur throughout the skeleton. Mild osteoarthritis affects the elbow with moderate changes in the wrist and ankle. There is observable femoral/tibial bowing associated with rickets.

Burial 223 Female aged 25 to 35 years. There is evidence of lower limb periostitis, possible treponemal disease, and several enthesopathies. A moderate number of significant hypertrophies are observable. Moderate to severe osteoarthritis affects most axial and appendicular joints. Osteophytes and thoracic Schmorl's nodes are present.

Burial 224 Infant aged .5 to 1.33 years. Hypoplasias and hypocalcifications indicative of childhood stress are present.



Burial 225 Infant aged .50 to 1.25 years. Periostitis of the crania and lower and upper limbs is present. Healed cribra orbitalia indicative of nutritional stress can also be observed.

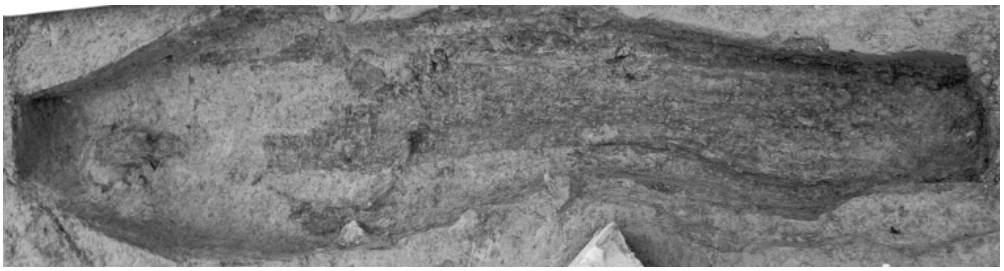


Burial 226 Infant aged 0 to .17 years.

Burial 227 Indeterminate age and sex. Lower limb periostitis is observable.

Burial 228 Male adult of indeterminate age. Individual has lower limb periostitis and possible treponemal disease. Enthesopathies and several muscle attachments with significant hypertrophies are present. Mild to moderate osteoarthritis affects the appendicular joints that are present. There is evidence of femoral/tibial bowing associated with rickets.

Burial 229 Child aged 6.75 to 11.25 years. Hypoplastic indicators of childhood stress are present.

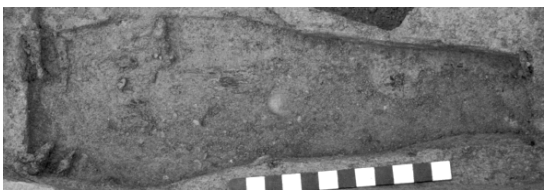


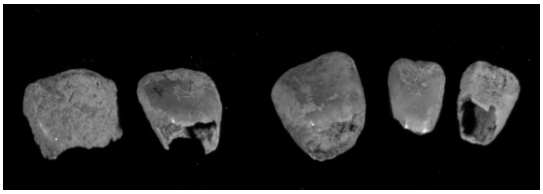
Burial 230 Female aged 55 to 65 years. There is evidence of lower limb periostitis with numerous enthesopathies and muscle insertion hypertrophies. Moderate to severe osteoarthritis affects most axial and appendicular joints. Cervical and lumbar osteophytosis is present. Active and healing cribra orbitalia, healed porotic hyperostosis, and diploic expansion indicative of nutritional stress can be observed.

Burial 231 Subadult of indeterminate age.

Burial 232 Subadult age unknown.

Burial 233 Age and sex indeterminate.





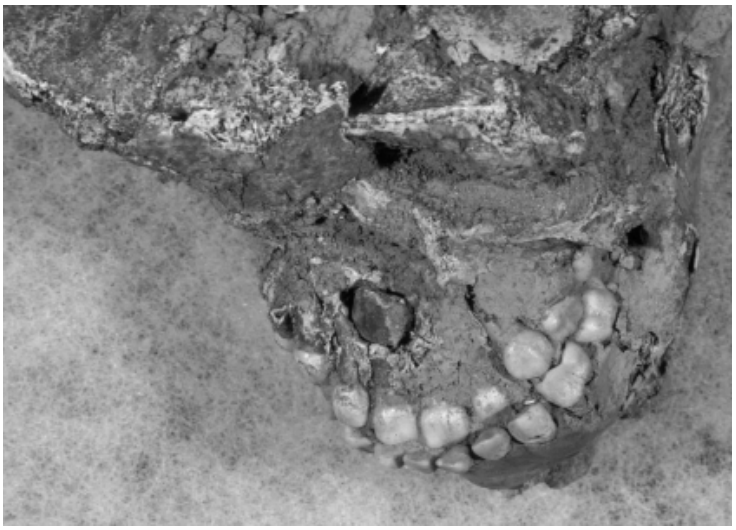
Burial 234 Infant aged 0 to 4.1 years.

Burial 235 Female aged 28 to 42 years. Individual has several enthesopathies and muscle attachments with significant hypertrophies. Moderate to severe osteoarthritis primarily affects the lower limb joints.

Burial 236 Child aged 4 to 5 years. Diploic expansion indicative of nutritional stress can also be observed. Trace ESA clustering is not clearly suggestive of natality. Sr isotope analysis suggests birth in the Americas/New York

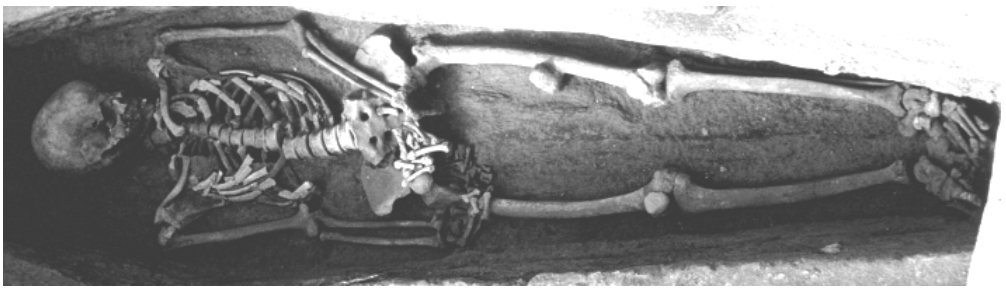
Burial 237 Age and sex are indeterminate.

Burial 238 Male aged 40 to 50 years. There is evidence of lower limb periostitis and possible treponemal disease. Numerous enthesopathies and significant muscle attachment hypertrophies are present. Moderate to severe osteoarthritis affects most axial and appendicular joints. Osteophytosis is present throughout the vertebral column. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are also present.



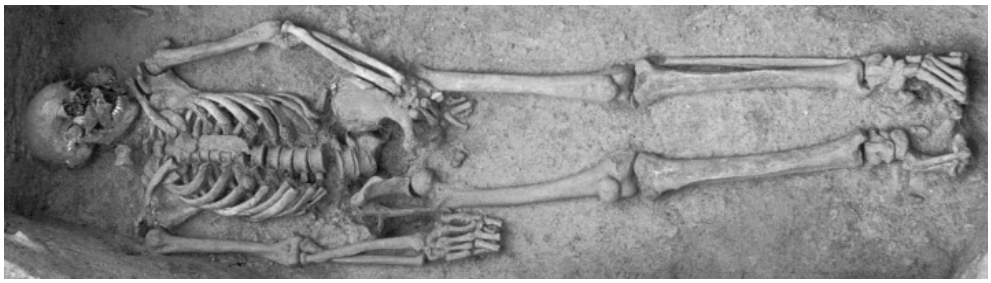
Burial 239 Infant aged 1.5 to 3.5 years. Diploic expansion indicative of nutritional stress can be observed. Hypocalcification and hypoplasia indicators of childhood stress are present.

Burial 240 Infant aged .88 to 2.66 years.

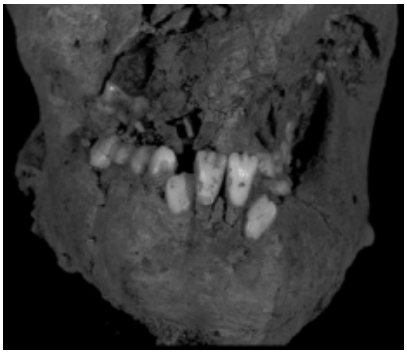


Burial 241 Female aged 55 to 65 years. Individual has lower and upper limbs periostitis and possible treponemal disease. Numerous enthesopathies and muscle attachments with significant hypertrophies are present. Moderate osteoarthritis affects most appendicular joints. Osteophytosis is present throughout the vertebral column. There is evidence of femoral/tibial bowing associated with rickets.

Burial 242 Female aged 40 to 50 years.



Burial 243 Male aged 40 to 50 years.

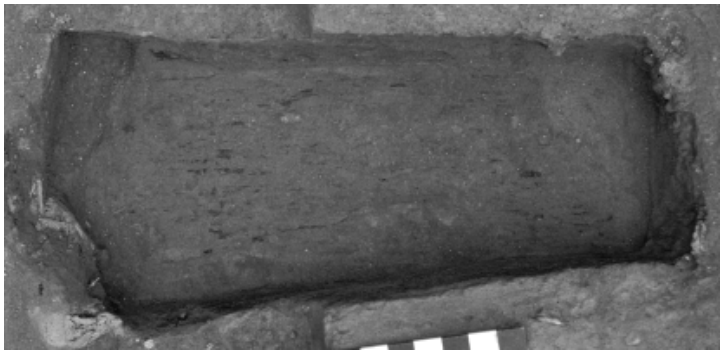


Burial 244 Child aged 5 to 9 years.

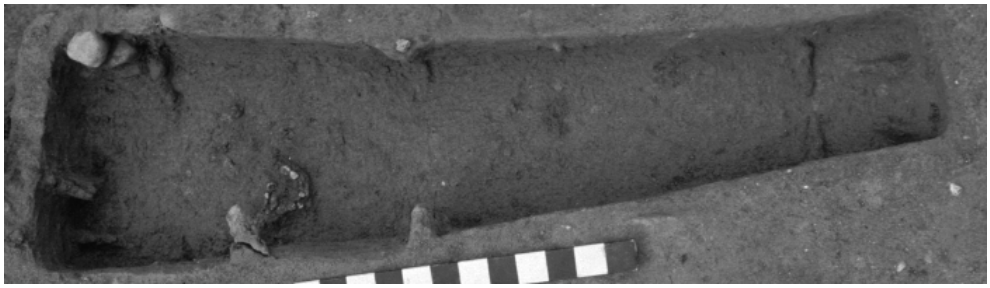
Burial 245 Child aged 2.5 to 4.5 years. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 246 Infant aged .50 to 2.9 years.

Burial 247 Male aged 35 to 45 years. Individual has lower and upper limb periostitis and possible treponemal disease. Numerous enthesopathies and significant muscle attachment hypertrophies are present. Moderate osteoarthritis affects most appendicular joints. Diploic expansion indicative of nutritional stress can be observed.



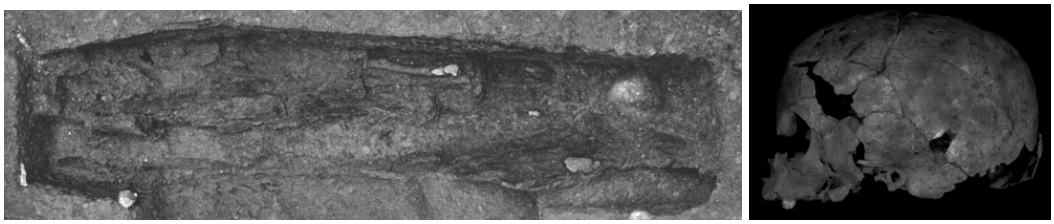
Burial 248 Child/adolescent aged 14 to 15 years.



Burial 249 Infant aged .67 to 1.33 years. Hypoplasia indicators of childhood stress are present.

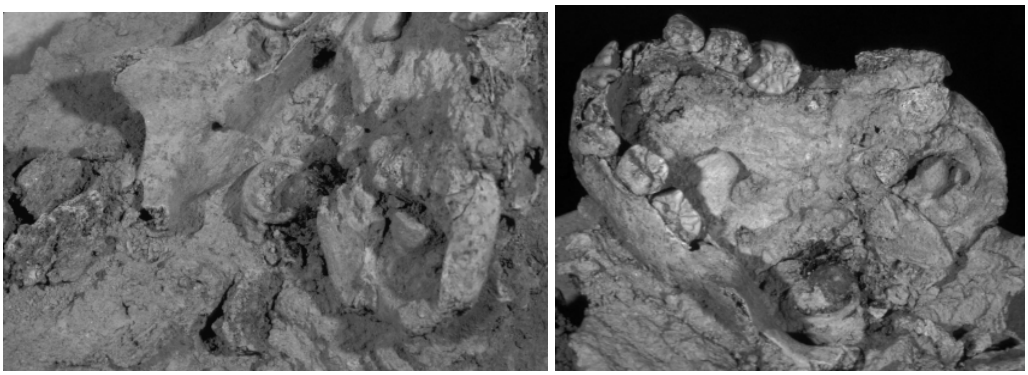
Burial 250 Adult of indeterminate age.

Burial 251 Subadult aged 12 to 24 years.

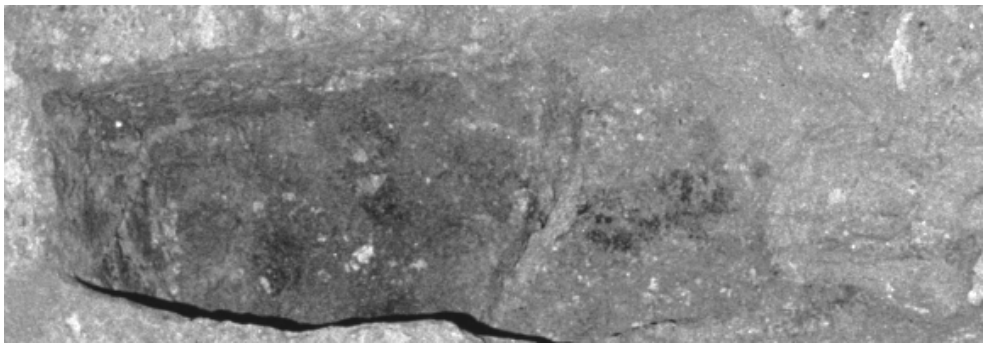


Burial 252 Infant aged 1 to 2 years. Individual has lower and upper limb and cranial periostitis. Healed porotic hyperostosis indicative of nutritional stress can also be observed. Hypocalcification indicators of childhood stress are present.

Burial 253 Child/adolescent aged 13 to 15 years. There is evidence of cranial and lower and upper limb periostitis. Individual has syndesmophytes and enthesophytes of the clavicles. Myositis ossificans on the thoracic vertebrae is observable. Diploic expansion indicative of nutritional stress is also present.

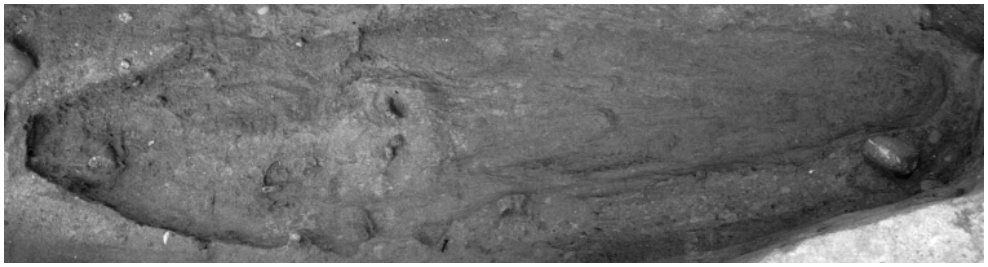


Burial 254 Child aged 3.5 to 5.5 years. Diploic expansion indicative of nutritional stress can be observed. There is also evidence of femoral/tibial bowing associated with rickets.



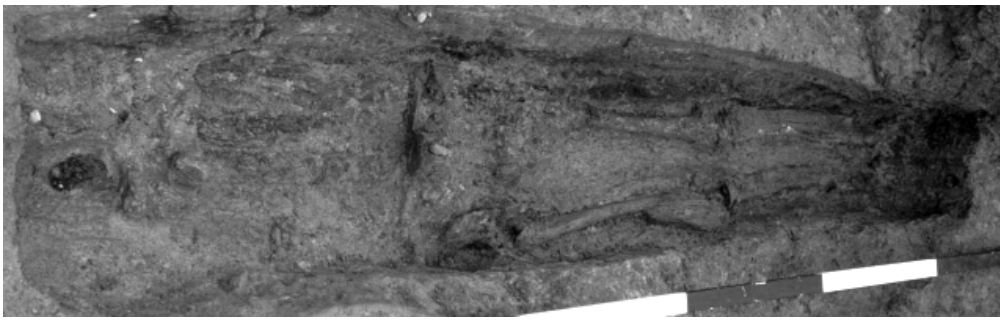
Burial 255 Infant aged 0 to .17 years.

Burial 256 Male aged 40 to 60 years.



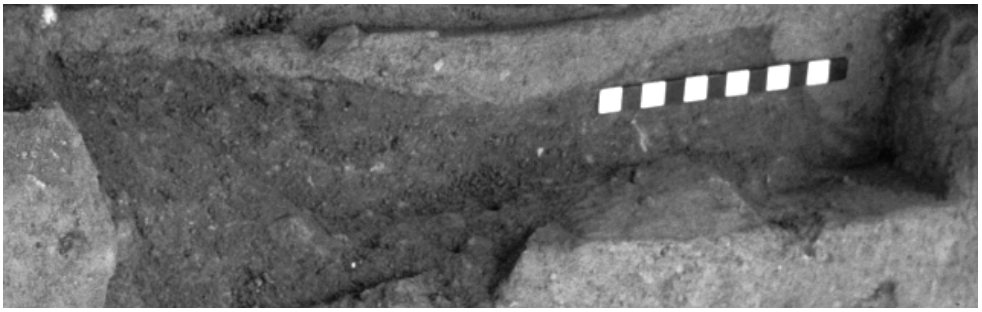
Burial 257 Male aged 30 to 40 years.

Burial 258 Infant aged 0 to .50 years.



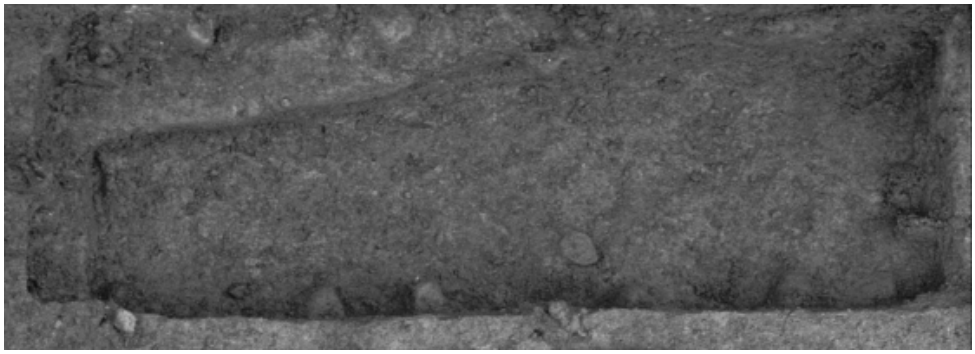
Burial 259 Female aged 17 to 19 years. There is evidence of lower limb periostitis and possible treponemal disease. Several enthesopathies and significant muscle insertion hypertrophies are present, primarily on the upper limbs. Moderate osteoarthritis affects the elbow and knee and mild changes are present in the hand and ankle joints.

Burial 260 Age and sex indeterminate. There is periostitis of the lower limbs saber shins, and possible treponemal disease.



Burial 261 Empty shaft.

Burial 262 Male aged 15 to 17 years. Hypoplasia indicators of childhood stress are present. Sr isotope analysis suggests birth in the Americas/New York.



Burial 263 Subadult of indeterminate age.

Burial 264 Adult of indeterminate age and sex.

Burial 265 Infant aged .50 to 1.0 years.

Burial 266 Female aged 25 to 35 years. Trace ESA clustering, Sr isotope analysis and low Pb concentration suggest birth in Africa.

Burial 267 Adult of indeterminate age and sex.

Burial 268 Infant aged 0 to .50 years. Evidence of periostitis of the lower and upper limbs.

Burial 269 Adult of indeterminate age and sex.

Burial 270 Male of indeterminate age. There is evidence of lower limb periostitis, saber shins, and possible treponemal disease. Individual has enthesopathies on the tibiae and well-developed linea aspera on the femora. Moderate osteoarthritis affects the ankle and foot with mild changes in the knee. There is evidence of femoral/tibial bowing associated with rickets. Trace ESA clustering suggests birth in Africa; however, low Sr isotope values suggest birth possibly in the Caribbean.

Burial 271 Male aged 45 to 55 years. There is evidence of periostitis of the lower and upper limbs, saber shins, and possible treponemal disease. Numerous enthesopathies and significant muscle attachment hypertrophies are observable. Moderate osteoarthritis affects all appendicular joints Diploic expansion indicative of nutritional stress can also be observed.

Burial 272 Infant aged .25 to .75 years.

Burial 273 Age and sex indeterminate. There is evidence of periostitis of the lower limbs and possible treponemal disease.

Burial 274 Female of indeterminate age.

Burial 275 Female of indeterminate age. Femora exhibit significant muscle attachment hypertrophies.

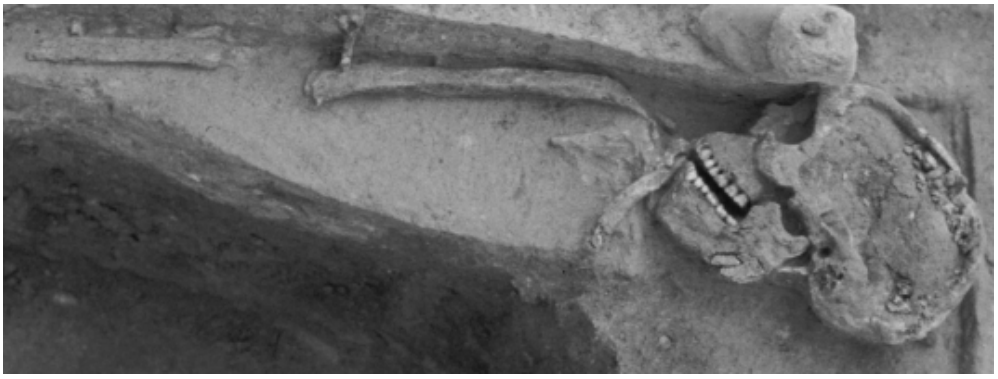
Burial 276 Female aged 20 to 24 years. Hypoplastic indicators of childhood stress are present.

Burial 277 Subadult of indeterminate age.

Burial 278 Male aged 45 to 55 years. There is evidence of periostitis of the lower limbs and possible treponemal disease. Numerous enthesopathies and significant muscle attachment hypertrophies are present. Mild to moderate osteoarthritis affects most axial and appendicular joints. Osteophytosis, cervical Schmorl's nodes, and cervical spondylolysis are present.

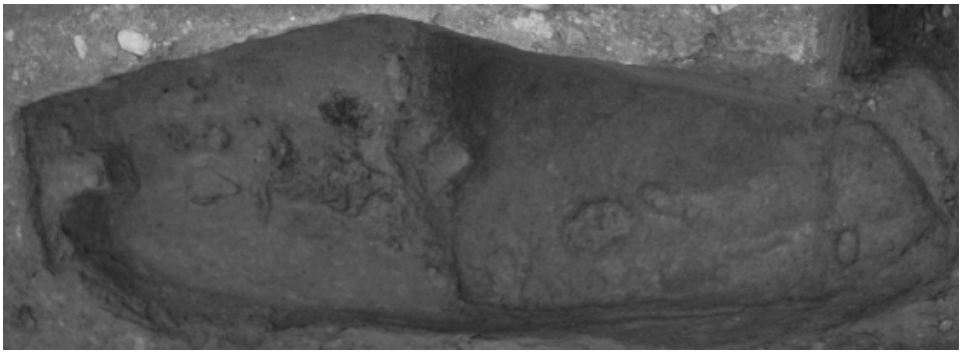
Burial 279 Adult of indeterminate age and sex.

Burial 280 Adult female of indeterminate age.



Burial 281 Male of indeterminate age. Trace ESA clustering suggests birth in Africa; however, Sr isotope analysis suggests birth probably in the Americas/New York.

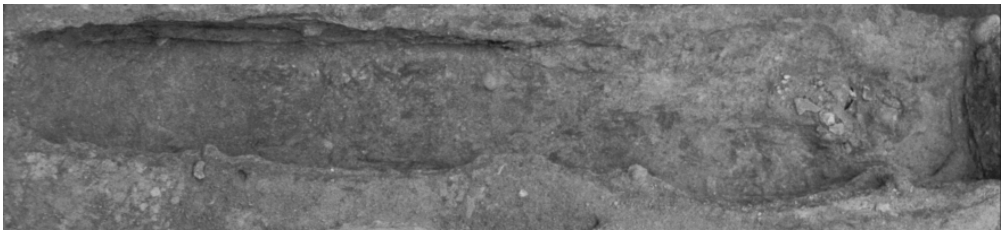
Burial 282 Male aged 32.5 to 42.5 years. Cranial and lower limb periostitis with several significant enthesopathies and muscle attachments hypertrophies are present. Mild to moderate osteoarthritis affects the hand, hip, knee, ankle, and cervical vertebrae. Healed cribra orbitalia indicative of nutritional stress can be observed.



Burial 283 Infant aged .33 to .67 years. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 284 Male aged 21 to 28 years. There is evidence of lower limb periostitis with significant enthesopathies and muscle attachment hypertrophies. Mild to moderate osteoarthritis affects most appendicular joints.

Burial 285 Female aged 20 to 30 years. Hypoplasia indicators of childhood stress are present.



Burial 286 Child aged 4.5 to 8.5 years. There is evidence of lower limb periostitis with enthesopathies at gluteal insertions of the femora. Lipping is present at the vertebral articulations. Healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 287 Male aged 18 to 20 years. There is evidence of lower limb periostitis and possible treponemal disease. Several enthesopathies and significant muscle attachment hypertrophies are present. Moderate osteoarthritis affects the elbow and lumbar vertebrae.

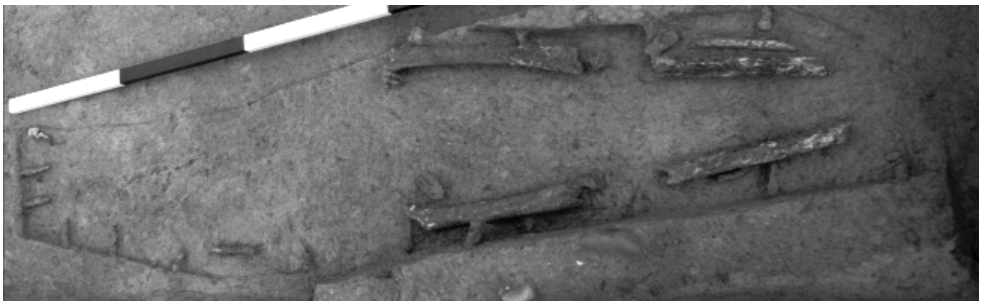
Burial 288 Adult of indeterminate age. There is evidence of periostitis of the lower limbs.

Burial 289 Child aged 5 to 9 years. Diploic expansion indicates nutritional stress.

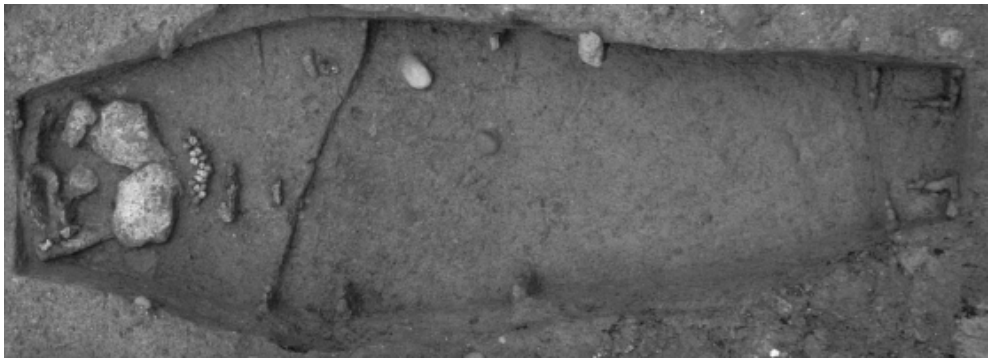
Burial 290 Male age 45 to 55 years. Individual has several enthesopathies and significant muscle attachment with hypertrophy. Mild to moderate osteoarthritis affects the upper limb joints. Diploic expansion indicative of nutritional stress can be observed.

Burial 291 Infant aged 3 to 5 years.

Burial 292 Adult of indeterminate age and sex.



Burial 293 Adult male of indeterminate age. Individual has several significant muscle attachment hypertrophies.

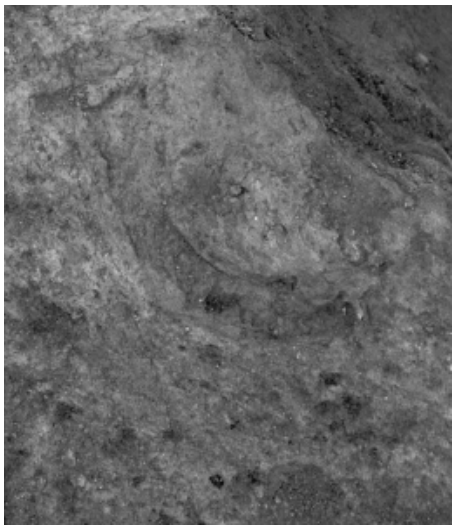


Burial 294 Subadult .5 to 1 year.

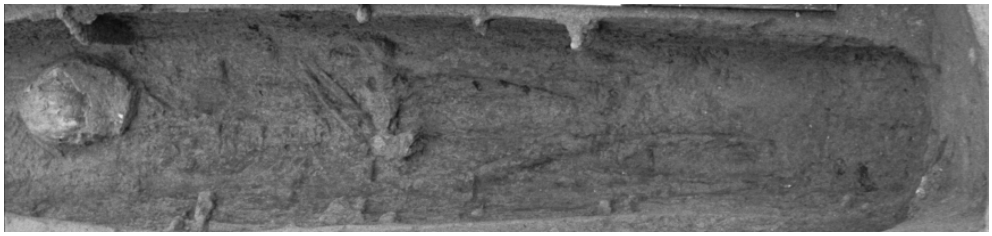
Burial 295 Female aged 30 to 50 years. Individual has well-developed linea aspera and gluteal attachments on the femora.

Burial 296 Infant aged .50 to 2.9 years.

Burial 297 Male aged 30 to 40 years. There is evidence of lower limb periostitis with several enthesopathies and significant muscle insertion hypertrophies. Mild to severe osteoarthritis affects many appendicular joints. Fusion of foot phalanges is present.



Burial 298 Infant aged .67 to 1.33 years.

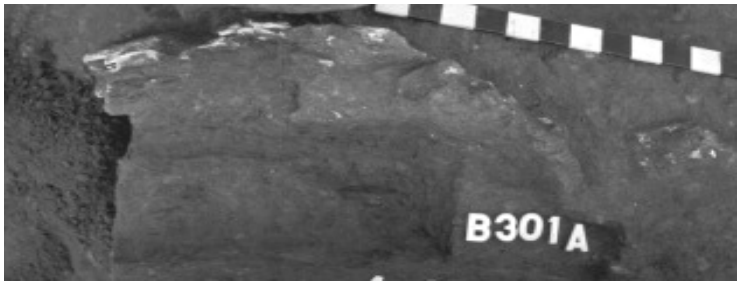


Burial 299 Male aged 40 to 50 years. Individual has lower limb periostitis and possible treponemal disease. There is evidence of enthesopathies and significant muscle attachment hypertrophies. Mild to severe osteoarthritis affects many axial and appendicular joints; cervical osteophytosis is also present. Femoral/tibial bowing associated with rickets is present. Healed porotic hyperostosis,

cribra orbitalia, and diploic expansion indicative of nutritional stress can be observed.

Burial 300 Subadult of indeterminate age.

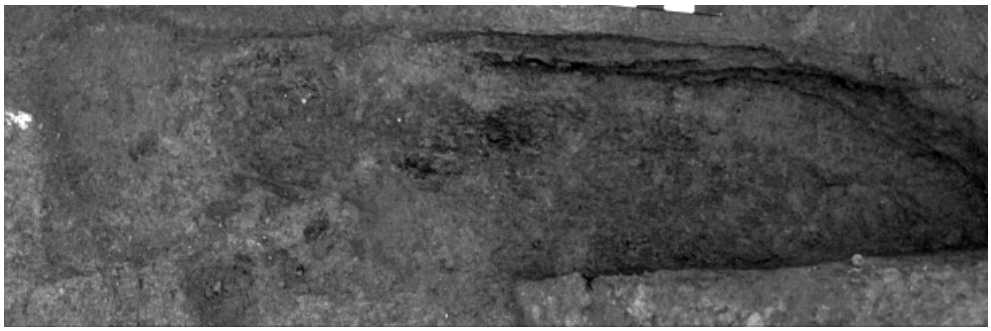
Burial 301 Adult of indeterminate age and sex.



Burial 301.2 Subadult of indeterminate age.

Burial 302 Adult female of indeterminate age. Individual has significant muscle attachment hypertrophy of the tibiae.

Burial 303 Infant aged .50 to 1 year.



Burial 304 Child aged 3 to 4.9 years. Healed cribra orbitalia with diploic expansion indicative of nutritional stress is observable. Trace ESA clustering and low Pb concentration suggest birth in the Americas/New York

Burial 305 Infant aged -.33 to .33 years. Active cribra orbitalia and diploic expansion indicative of nutritional stress can be observed.

Burial 306 Male aged 28 to 44 years. Periostitis of the lower limbs and possible treponemal disease are evident. The skeleton has several significant muscle attachment hypertrophies. Mild osteoarthritis affects several appendicular joints with moderate changes at the hip joint. Cervical osteophytes are present. Healed porotic hyperostosis indicative of nutritional stress can be observed.

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Burial 307 Male aged 45 to 55 years. A small degree of osteoarthritis affects the elbow.

Burial 308 Subadult of indeterminate age.

Burial 309 Male aged 20 to 25 years. Individual has a few enthesopathies and muscle attachments with significant hypertrophies. Moderate osteoarthritis affects the elbow, hip, and lumbar vertebrae. There is evidence of femoral and tibial bowing associated with rickets.

Burial 310 Female aged 44 to 52 years. Individual has numerous enthesopathies with significant muscle attachments hypertrophies, primarily in the upper limb. Moderate to severe osteoarthritis affects many axial and appendicular joints.

Burial 311 Infant aged .25 to .75 years. Healed cribra orbitalia of nutritional stress can also be observed.

Burial 312 Infant aged 0 to .30 years.

Burial 313 Male aged 45 to 55 years. Hypoplasia indicators of childhood stress are present.

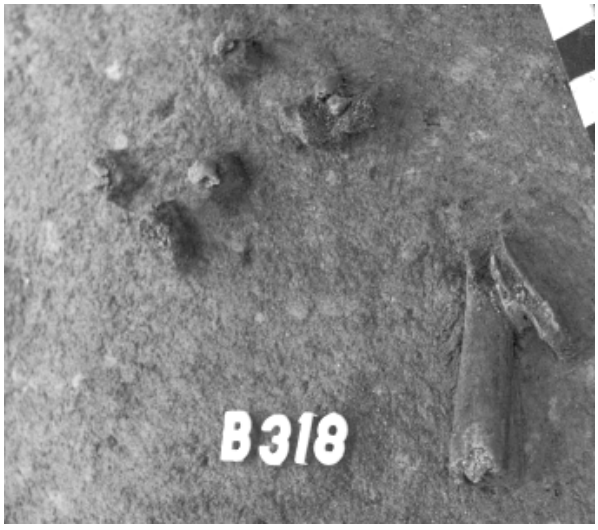
Burial 314 Male aged 40 to 50 years. Periostitis of the lower and upper limbs is present. Individual has numerous enthesopathies and muscle attachments with significant hypertrophies. Mild to moderate osteoarthritis affects the joints of the lower limb, lumbar vertebrae, wrist, and hand. Lumbar Schmorl's nodes are present. Diploic expansion indicative of nutritional stress can be observed.

Burial 315 Female aged 30 to 40 years. Periostitis of the lower limbs is observable. The skeleton has syndesmophytes in the clavicles and enthesopathies at the brachialis insertions of the ulnae. Mild to moderate degree of osteoarthritis in the vertebral column, elbow, hip, and ankle is present.

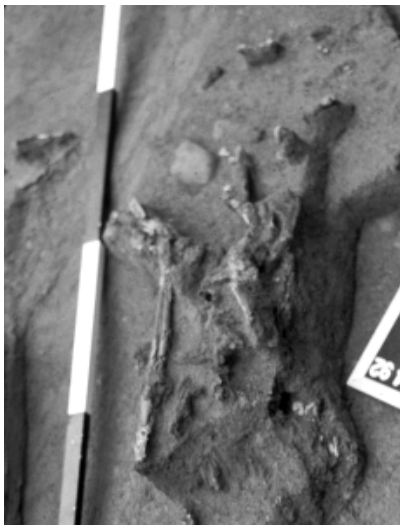
Burial 316 Female aged 18 to 20 years. Individual has a few enthesopathies with significant muscle attachment hypertrophies. Mild osteoarthritis affects the cervical and thoracic vertebrae, ribs, and hip. Moderate changes are present in the lumbar vertebrae. Cervical osteophytosis and lumbar Schmorl's nodes are present.

Healed cribra orbitalia indicative of nutritional stress can also be observed.

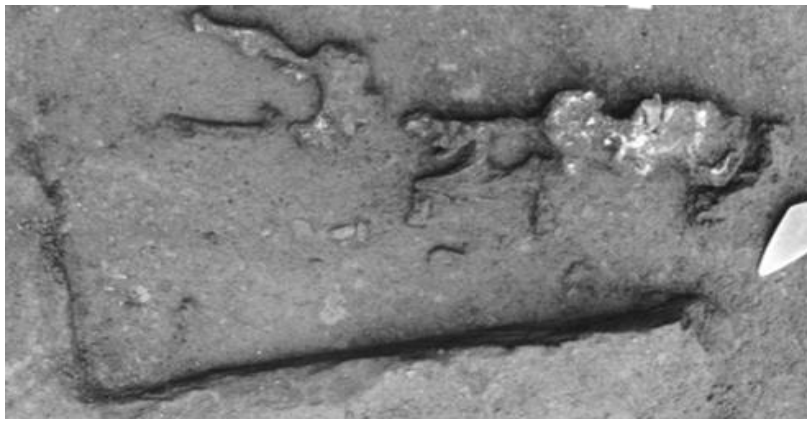
Burial 317 Male aged 19 to 39 years. Lower limb periostitis is evident. Individual has well-developed linea aspera and mild osteoarthritis in the hip.



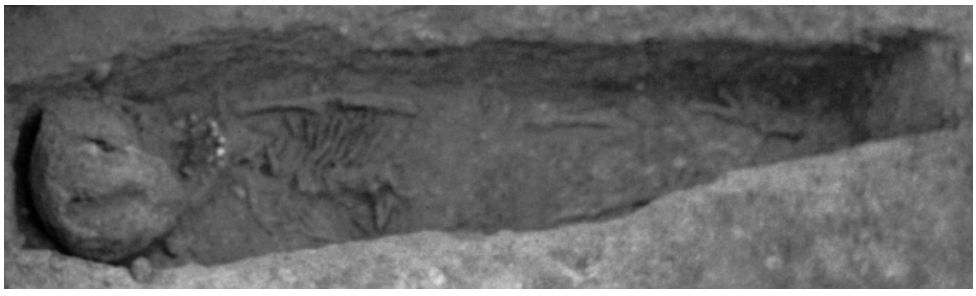
Burial 318 Child/adolescent aged 7.5 to 14 years. There is evidence of periostitis on the lower limbs.



Burial 319 Adult of indeterminate age. There is evidence of periostitis of the lower limbs with a well developed linea aspera and gluteal insertions of the femora.



Burial 320 Child aged 2 to 4 years.



Burial 321 Infant aged 1 to 2 years. Diploic expansion indicative of nutritional stress can be observed. Hypoplasia and hypocalcification indicators of childhood stress are present.

Burial 322 Female of indeterminate age. Individual has lower limb periostitis and lumbar osteophytosis. There is also evidence of femoral/tibial bowing associated with rickets.

Burial 323 Male aged 19 to 30 years. This individual exhibits some periostitis of the lower limbs and crania evidence of infection on the bone; he also has numerous enthesopathies and muscle attachments with significant hypertrophies. Mild to moderate osteoarthritis affects many axial and appendicular joints. Osteophytosis and thoracic Schmorl's nodes are present. Healed porotic hyperostosis indicative of nutritional stress can be observed. Sr isotope analysis suggests birth in the Americas/New York.

Burial 324 Female aged 25 to 35 years. Individual has cranial and lower and upper limb periostitis and possible treponemal disease. Several enthesopathies and muscle attachments with significant

hypertrophies are present. Mild osteoarthritis affects the vertebral column, hand, ankle, and foot. Diploic expansion indicative of nutritional stress can also be observed.

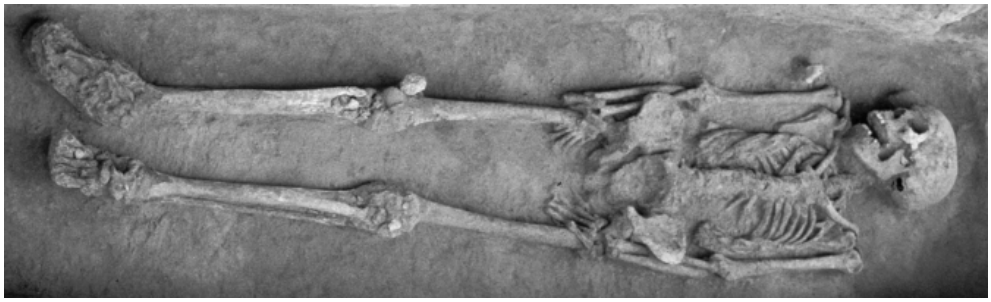
Burial 325 Male aged 25 to 35 years. There is evidence of periostitis of the lower and upper limbs, saber shins, and possible treponemal disease. Robust development of long bones with hypertrophy of a few specific muscle attachments is present. Diploic expansion indicative of nutritional stress can be observed.

Burial 326 Male aged 45 to 55 years. Sr isotope analysis (of dentin only) is not clearly suggestive of natality.

Burial 327 Male aged 35 to 45 years. There is evidence of lower limb periostitis. Several enthesopathies and muscle attachments with significant hypertrophies, primarily in the upper limbs are observable. Mild to moderate osteoarthritis affects several axial and appendicular joints. Cervical osteophytosis is present. Diploic

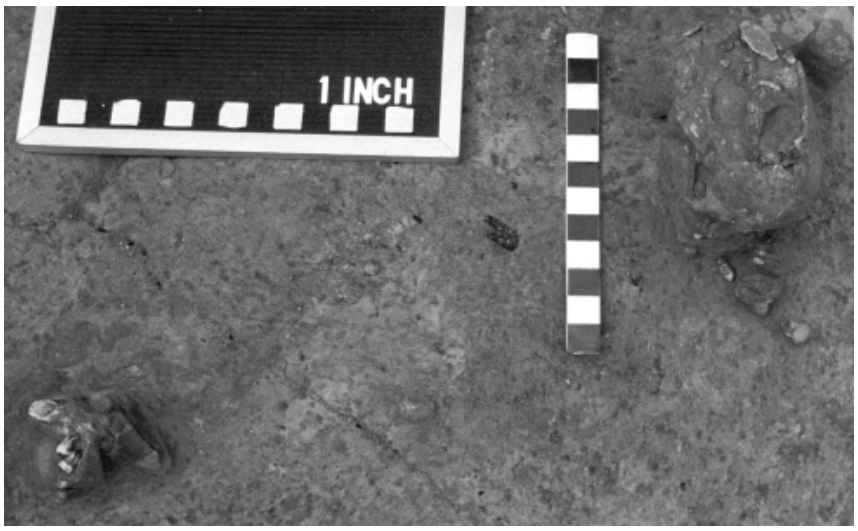
expansion healed porotic hyperostosis indicative of nutritional stress can also be observed.

Burial 328 Female aged 40 to 50 years.



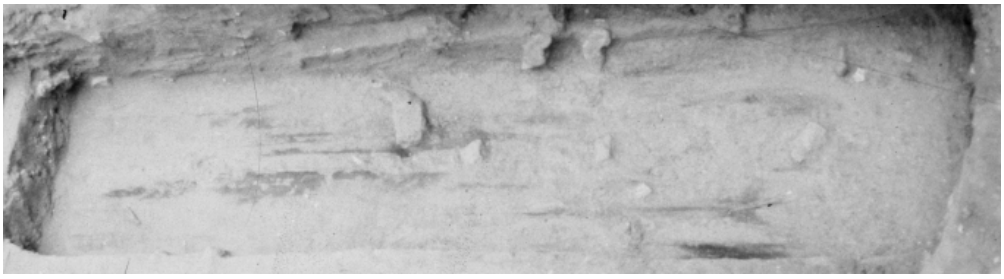
Burial 329 Adult male of indeterminate age. Individual has cranial and lower limb periostitis and possible treponemal disease. Numerous enthesopathies and muscle attachments with significant hypertrophies can be observed. Mild to moderate osteoarthritis affects several axial and appendicular joints, and cervical osteophytosis is present.

Burial 330 Male aged 28 to 58 years.

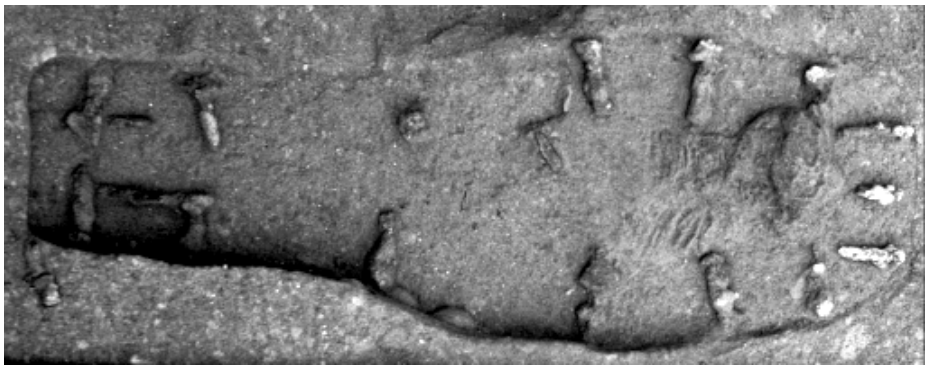


Burial 331 Adult 30 to 35 years.

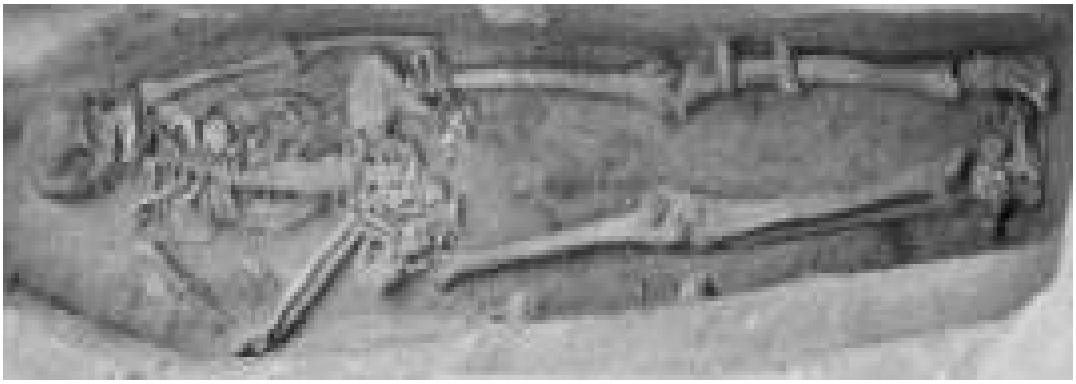
Burial 332 Male aged 35 to 40 years. Periostitis cranial and lower limbs and possible treponemal disease are evident. Individual has enthesopathies of the humeri and femora. Healed cribra orbitalia and porotic hyperostosis with diploic expansion indicative of nutritional stress can be observed.



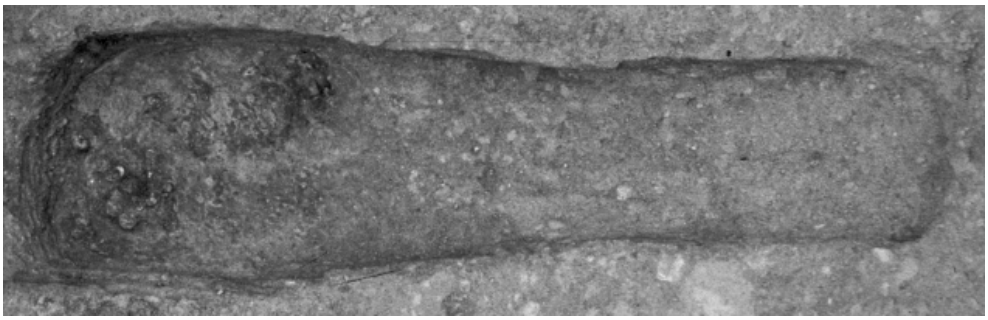
Burial 333 Male aged 45 to 55 years.



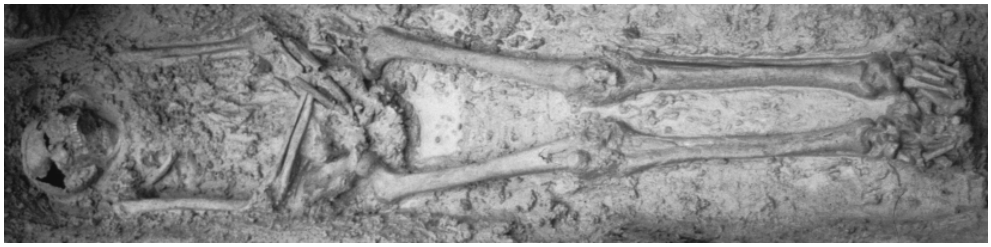
Burial 334 Subadult of indeterminate age.



Burial 335 Female aged 25 to 34.9 years. There is evidence of lower limb periostitis and possible treponemal disease. Numerous enthesopathies and muscle attachments with significant hypertrophies are present. Mild to moderate osteoarthritis affects several axial and appendicular joints. Sacral osteophytosis and lumbar Schmorl's nodes are present. Healed porotic hyperostosis indicative of nutritional stress can be observed. Hypoplasia indicators of childhood stress are present.



Burial 336 Infant aged .50 to 1.0 years.



Burial 337 Male aged 40 to 50 years. Individual has lower limb periostitis and has numerous enthesopathies and muscle attachments with significant hypertrophies. Mild to moderate osteoarthritis affects several axial, and appendicular joints with cervical osteophytosis healed porotic hyperostosis indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are present.

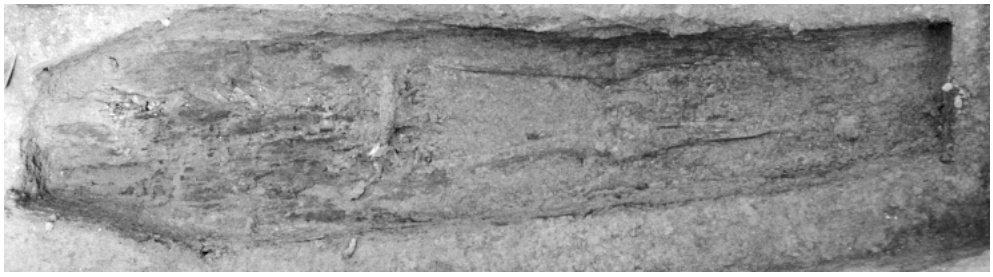
Burial 338 Female aged 33 to 65 years. Individual has lower limb periostitis, and enthesopathies on the femora and patellae are present. Mild osteoarthritis affects the hip with moderate changes in the knee and elbow.

Burial 339 Subadult of indeterminate age.

Female aged 39.3 to 64.4 years. Evidence of lower limb periostitis is observable. Individual has enthesopathies of the gluteal attachments on the femora with significant hypertrophy of the lateral scapulae and flexor attachments on the ulnae. Moderate osteoarthritis affects the hip with mild changes in the shoulder; osteophytosis affects the cervical and lumbar vertebrae. Diploic expansion indicative of nutritional stress can also be observed.

Burial 341

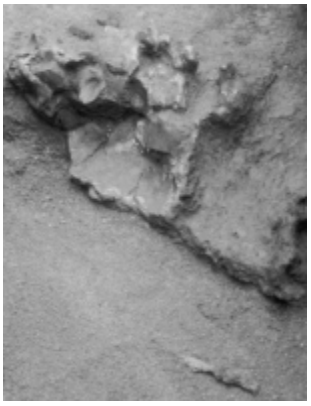
Male of indeterminate age. Periostitis of the lower and upper limbs is present. Individual has several enthesopathies of the humeri, ulnae, and femora. Mild osteoarthritis affects the knee. Bilateral sacroiliac fusion and vertebral osteophytes are present. Diploic expansion indicative of nutritional stress can be observed.



Burial 342

Female aged 25 to 34.9 years. Periostitis of the lower limbs and several enthesopathies and muscle attachments with significant hypertrophies are present. Mild to moderate osteoarthritis affects several axial and appendicular joints; also present are lumbar osteophytosis and Schmorl's nodes. Healed porotic hyperostosis indicative of nutritional stress can be observed.

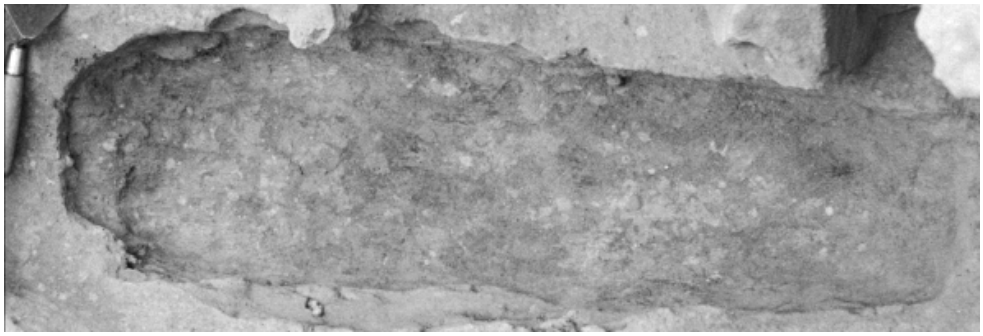
Burial 343 Male aged 19 to 23 years. There is evidence of cranial and lower and upper limbs periostitis. Individual has enthesopathies of the occipital and syndesmophytes on the clavicle. Mild to moderate osteoarthritis affects the shoulder, hand, ankle, and cervical vertebrae. Healed cribra orbitalia indicative of nutritional stress can be observed. Hypoplastic indicators of childhood stress are present.



Burial 344 Male aged 25 to 34.9 years. Individual has many enthesopathies and muscle attachments with significant hypertrophies. Healed cribra orbitalia and porotic hyperostosis with diploic expansion indicative of nutritional stress can be observed.

Burial 345 Adult of indeterminate age and sex.

Burial 346 Female aged 50 to 70 years. There is evidence of periostitis of the lower and upper limbs. Several enthesopathies and muscle attachments with significant hypertrophies are present. Moderate to severe osteoarthritis affects the lower limb, and lumbar joints and cervical osteophytosis are present. Diploic expansion indicative of nutritional stress can be observed.



Burial 347 Infant aged .50 to 1.0 years. Diploic expansion indicative of nutritional stress can be observed.

Burial 348 Infant aged 1.0 to 2.0 years.

Burial 349 Infant aged 0 to 4.1 years.

Burial 350 Age and sex indeterminate.

Burial 351 Male aged 50 to 60 years. Individual has numerous enthesopathies and muscle attachments with significant hypertrophies. Mild to severe osteoarthritis affects nearly all of the axial and appendicular joints. Lumbar osteophytosis and Schmorl's nodes are present.

Healed porotic hyperostosis indicative of nutritional stress can be observed.

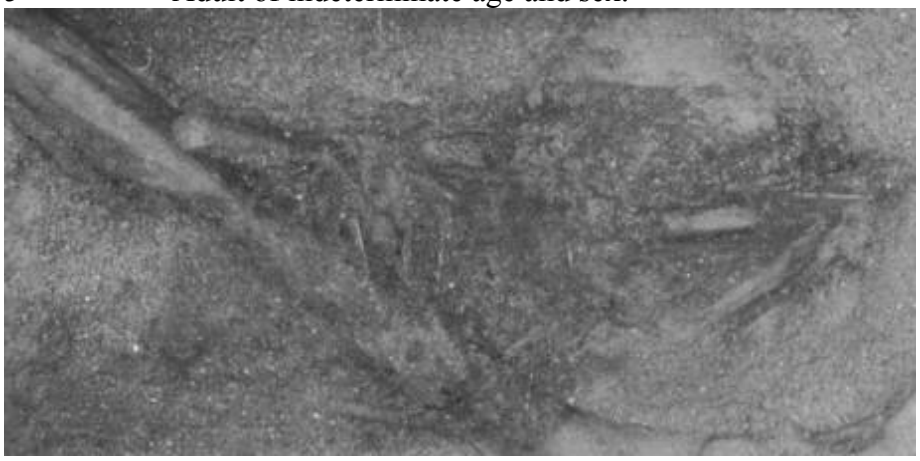
Burial 352 Male of indeterminate age. There is evidence of lower limb periostitis, saber shins, and possible treponemal disease. The skeleton has several enthesopathies and muscle attachments with significant hypertrophies. Mild to severe osteoarthritis affects many appendicular joints. Diploic expansion indicative of nutritional stress can be observed.

Burial 353 Male aged 24 to 34 years. Individual has lower and upper limb periostitis. The skeleton has numerous enthesopathies and muscle attachments with significant hypertrophies. Mild osteoarthritis affects the shoulder, knee, elbow, and hip and osteophytosis is present throughout the vertebral column. Diploic expansion and healed porotic hyperostosis indicative of nutritional stress can also be observed. Hypoplasia indicators of childhood stress are present.

Burial 354 Male aged 35 to 45 years. Periostitis of the lower limbs is evident. The skeleton has numerous enthesopathies and

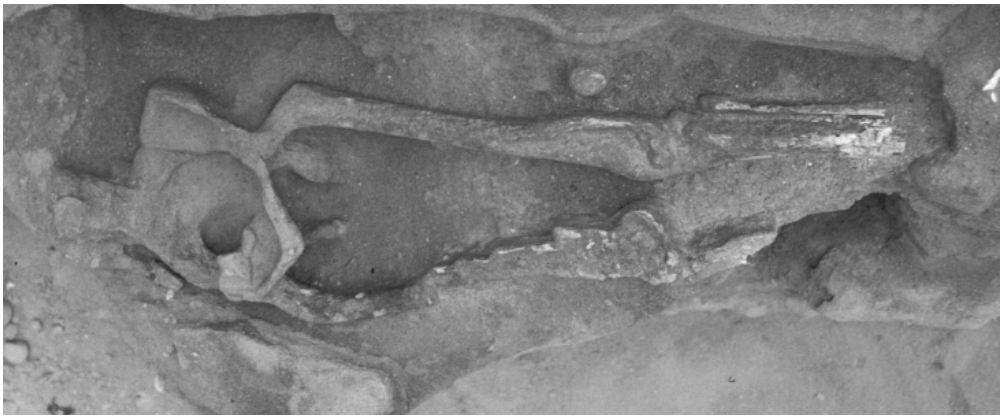
muscle attachments with significant hypertrophies. Mild osteoarthritis affects several axial and appendicular joints. Lumbar osteophytosis and Schmorl's nodes are present. Healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 355 Adult of indeterminate age and sex.



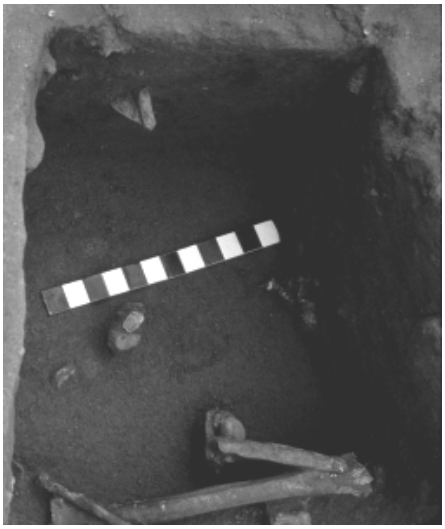
Burial 356 Subadult of indeterminate age. Infant interred with Burial 335 (on right arm).

Burial 357 Male aged 45 to 65 years. Individual has lower limb periostitis. Enthesopathy is present on the tibiae. Moderate osteoarthritis affects the knee, ankle and wrist.



Burial 358 Adult of indeterminate age and sex.

Burial 359 Subadult of indeterminate age.



Burial 360 Subadult age unknown.

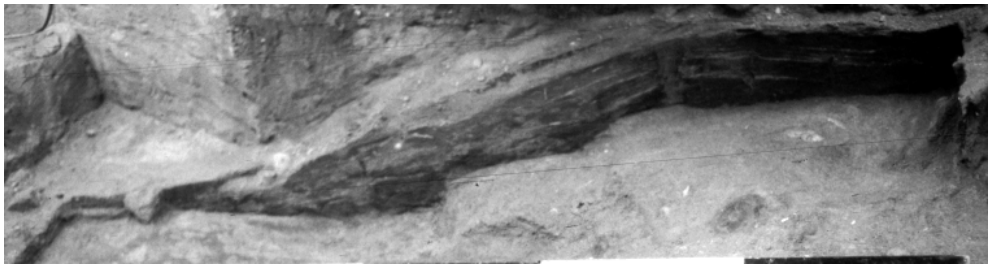
Burial 361 Male aged 33 to 57 years. Periostitis of the lower limbs and enthesopathies are present on the tibiae and femora. Healed porotic hyperostosis and diploic expansion indicative of nutritional stress can be observed.

Burial 362 Adult of indeterminate age. Diploic expansion of indicative nutritional stress is present.

Burial 363 Infant aged 1 to 2 years. Meningitis with cranial and lower and upper limb periostitis are observable. Hypoplasia and hypocalcification indicators of childhood stress are present.

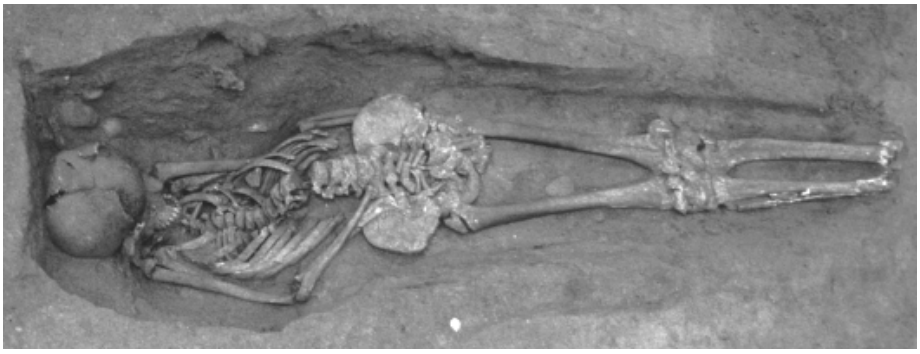
Burial 364 Male aged 25 to 35 years. Periostitis of the lower limbs is evident. Individual has several enthesopathies and muscle attachments with significant hypertrophies. Mild osteoarthritis affects the elbow with moderate changes in the ankle.

Burial 365 Adult female of indeterminate age. The individual has lower limb periostitis and mild osteoarthritis of the knee. Femoral and tibial bowing associated with rickets is present.



Burial 366 Adult of indeterminate age and sex. Periostitis of the lower limbs and possible treponemal disease are observable.

Burial 367 Female aged 25 to 35 years. Trace ESA clustering, Sr isotope analysis, and low Pb concentration suggest birth in Africa.



Burial 368 Child/adolescent aged 10.5 to 13.5 years. Healed cribra orbitalia indicative of nutritional stress can be observed.

Burial 369 Male aged age 40 to 50 years. Individual has lower limb periostitis, saber shins, and possible treponemal disease. Numerous enthesopathies and muscle insertions with significant hypertrophies are present. Mild to severe osteoarthritis affects most axial and appendicular joints. Several carpal bones in both wrists are fused. Osteophytosis and cervical Schmorl's nodes are present There is evidence of femoral and tibial bowing associated with rickets. Hypoplastic indicators of childhood stress are present.

Burial 370 Child aged 2 to 4 years. Hypoplastic indicators of childhood stress are present.

Burial 371 Female aged 25 to 35 years.

Burial 372 Female aged 25 to 35 years.

Burial 373 Female aged 45 to 60 years. Individual has several enthesopathies of the ulnae and femora. Moderate osteoarthritis affects the knees with mild changes in the hip.

Burial 374 Infant aged 0 to .25 years.

Burial 375 Female aged 16 to 18 years. Periostitis of the lower limbs is evident. Enthesopathies of the gluteal attachments on the femora and muscle attachments with significant hypertrophies are present. Mild to severe osteoarthritis is present throughout the skeleton.

Burial 376 Male aged 45 to 65 years. Individual has lower limb periostitis and numerous enthesopathies and muscle attachments with significant hypertrophies. Mild to severe osteoarthritis affects many axial and appendicular joints. Healed cribra orbitalia and porotic hyperostosis indicative of nutritional stress can be observed.

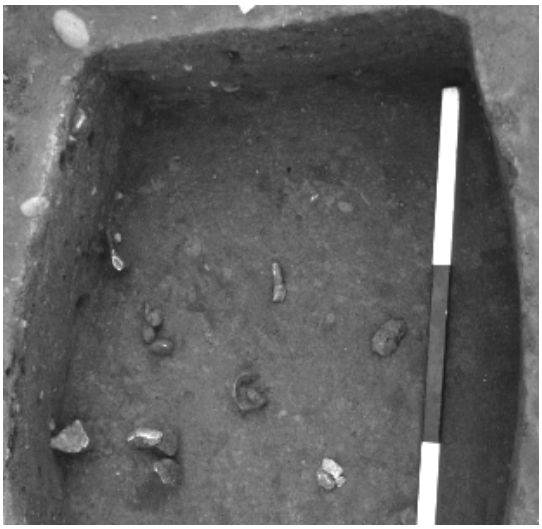
Burial 377 Female aged 32.6 to 57.8 years. Individual has numerous enthesopathies at muscle attachments on the preserved remains.

Burial 378 Empty shaft.

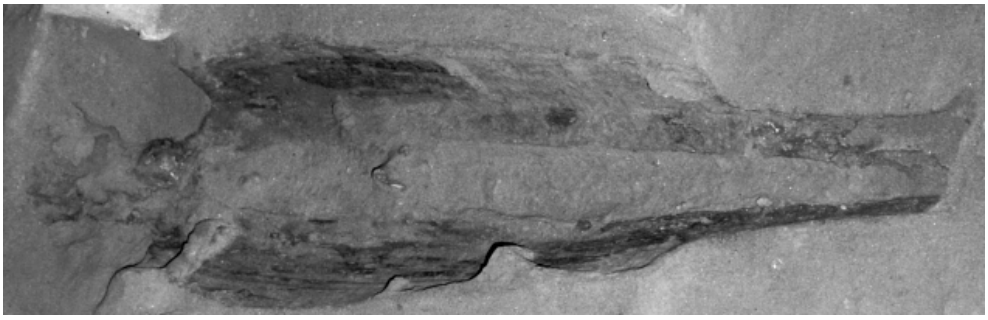
Burial 379 Male aged 30 to 40 years. Evidence of lower limb periostitis, saber shins, and possible treponemal disease are present. The skeleton has numerous enthesopathies and muscle attachments with significant hypertrophies. Osteoarthritis affects nearly all axial and appendicular joints. There is fusion of phalanges in both hands. Osteophytosis is present throughout the vertebral column. Healed cribra orbitalia indicative of nutritional stress can be observed.

Burial 380 Male aged 40 to 60 years. Individual has lower and upper limb periostitis. Numerous enthesopathies and muscle attachments with significant hypertrophies can be observed. Mild to moderate osteoarthritis affects nearly all of the appendicular joints. Schmorl's nodes and osteophytosis of the sacrum are present. Healed porotic hyperostosis indicative of nutritional stress can also be observed. There is also evidence of femoral and tibial bowing associated with rickets.

Burial 381 Empty shaft.



Burial 382 Child aged 4 to 5 years. Diploic expansion indicative of nutritional stress is present.



Burial 383 Female aged 14 to 18 years. Individual has cranial and lower and upper limbs periostitis. Numerous enthesopathies and muscle attachments with significant hypertrophies, particularly in the upper limbs and lumbar Schmorl's nodes are present Hypoplasia indicators of childhood stress are present.

Burial 384 Female aged 25 to 45 years. Periostitis of the lower and upper limbs is present. Significant muscle attachments with hypertrophies are found on the femora and occipital. Also present is evidence of cervical osteophytosis. Sr isotope analysis suggests birth in the Americas/New York.

Burial 385 Female aged 40 to 60 years. Individual has periostitis of the lower limbs. Numerous enthesopathies and muscle attachments with significant hypertrophies are present. Mild to severe osteoarthritis affects nearly all axial and appendicular joints. Schmorl's nodes, spondylolysis, and osteophytosis are present. Healed porotic hyperostosis indicative of nutritional stress can also be observed. There is also evidence of femoral and tibial bowing associated with rickets.

Burial 386 Infant aged 0 to .30 years.

Burial 387 Male aged 34 to 44 years.

Burial 388 Female aged 27 to 57 years. Lower and upper limb periostitis is evident. Numerous enthesopathies and significant muscle attachment hypertrophies are present. Mild to moderate osteoarthritis affects many of the appendicular joints and the temporo-mandibular joint. Healed porotic hyperostosis and diploic expansion indicative nutritional stress can be observed.

Burial 389 Female of indeterminate age. Hypoplastic indicators of childhood stress are present.

Burial 390 Male aged 25 to 35 years. There is evidence of lower and upper limb periostitis. Observable are femoral enthesopathies and significant muscle attachment hypertrophies on the femora and humeri. Mild osteoarthritis affects the hip and knee.

Burial 391 Male aged 16.5 to 19.5 years.

Burial 392 Male aged 42.5 to 52.5 years.

Burial 393 Infant aged -.17 to .17 years.

Burial 394 Adult 16 to 25 years.

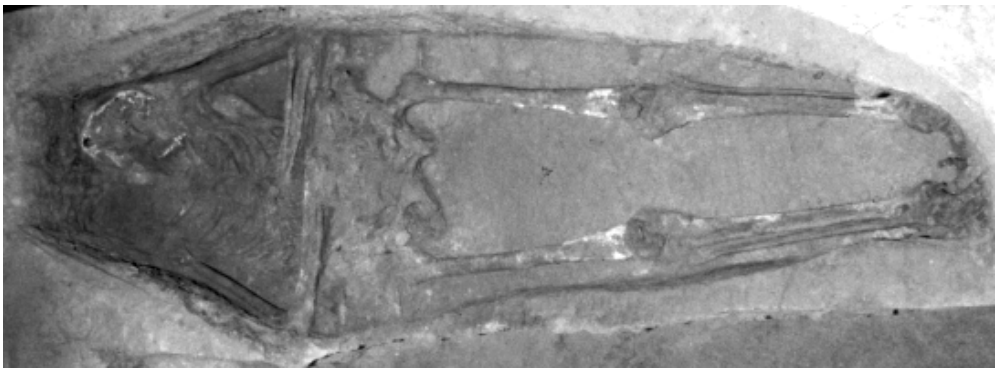
Burial 395 Male aged 43 to 53 years. Individual has periostitis of the lower limbs and numerous enthesopathies, and significant muscle attachment hypertrophies. Mild to severe osteoarthritis affects many of the appendicular joints.

Burial 396 Subadult aged 6.5 to 8.5 years. Cranial and lower and upper limb periostitis is observable.

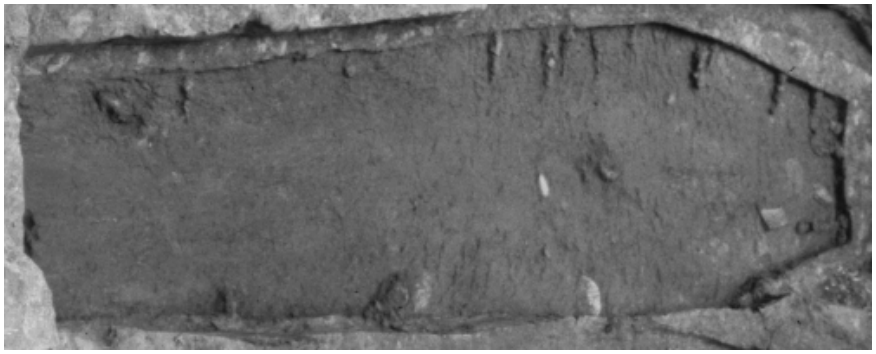
Burial 397 Female aged 30 to 40 years. Individual has lower limb periostitis. Individual has enthesopathies of the tibiae and several significant muscle attachment hypertrophies throughout the skeleton. Mild osteoarthritis affects the vertebrae and upper limbs with lumbar Schmorl's nodes.

Burial 398 Adult aged 25 to 35 years. Diploic expansion and healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 399 Infant aged 0 to .30 years.



Burial 400 Male aged 25 to 34.9 years. The individual has several enthesopathies and significant muscle attachment hypertrophies. Mild osteoarthritis affects the foot, ankle and shoulder. Diploic expansion indicative of nutritional stress can be observed.

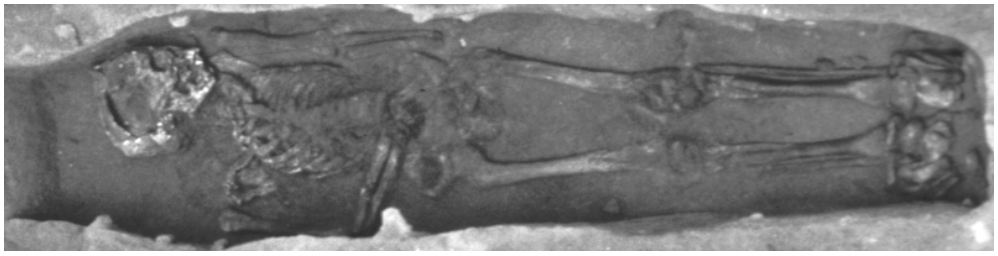


Burial 401 Age and sex indeterminate.

Burial 402 Age and sex indeterminate.

Burial 403 Male aged 39 to 65 years. (No photograph). Individual has mild osteoarthritis which affects occipital condyles and temporo-mandibular joints. Healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 404 Female of indeterminate age. Periostitis of the lower limbs is evident.



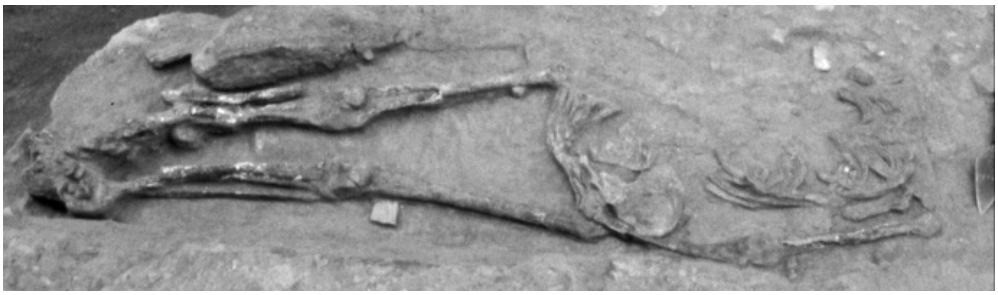
Burial 405 Child aged 6 to 10 years. Linea aspera, gluteal and brachialis attachments are well-developed. Trace ESA clustering not clearly suggestive of natality. High Pb concentration suggests birth in the Americas/New York.

Burial 406 Infant aged 0 to 4.1 years. Diploic expansion indicative of nutritional stress can be observed.

Burial 407 Age and sex indeterminate.

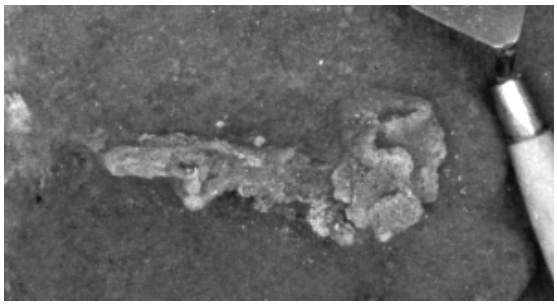
Burial 408 Male of indeterminate age. Femora have enthesopathies, muscle attachment hypertrophy, and mild osteoarthritic changes at the distal articular surface.

Burial 409 Age and sex indeterminate.



Burial 410 Female of indeterminate age. Periostitis of the lower limbs is evident.

Burial 411 Empty shaft. (No photograph).

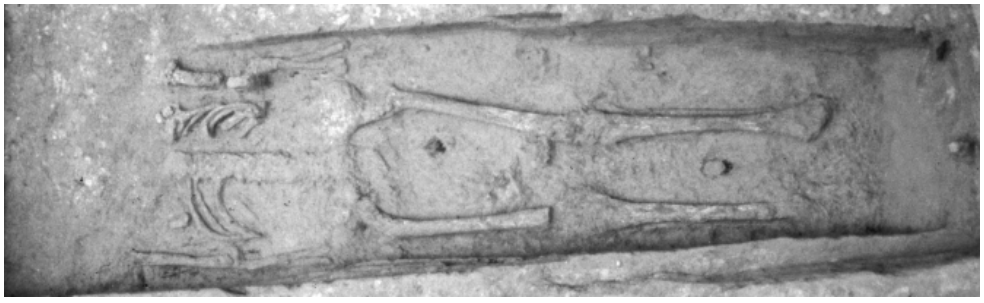


Burial 412 Perinatal infant.

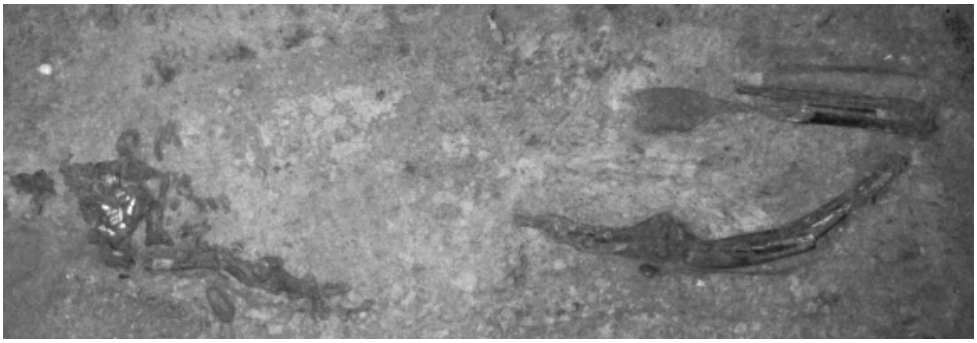
Burial 413 Female aged 50 to 70 years. There is evidence of osteomyelitis and lower and upper limb periostitis. The skeleton has numerous enthesopathies and significant muscle attachment hypertrophies. Mild to severe osteoarthritis affects many of the appendicular joints. Osteophytosis and myositis ossificans of the ribs are present. Diploic expansion indicative of nutritional stress can be observed.

Burial 414 Male of aged 39 to 59 years. Individual has enthesopathies and significant muscle attachments hypertrophies on the humeri and ulnae. Moderate to severe osteoarthritis affects the upper limb joints, knee and vertebral joints. There is evidence of vertebral osteophytosis and both sacroiliac joints are ankylosed.

Burial 415 Male aged 35 to 55 years. Individual has numerous enthesopathies and muscle attachments with significant hypertrophies. Mild to moderate osteoarthritis affects the knee and elbow. Cervical osteophytes and Schmorl's nodes are present. There is also evidence of femoral/tibial bowing associated with rickets.



Burial 416 Age and sex indeterminate.



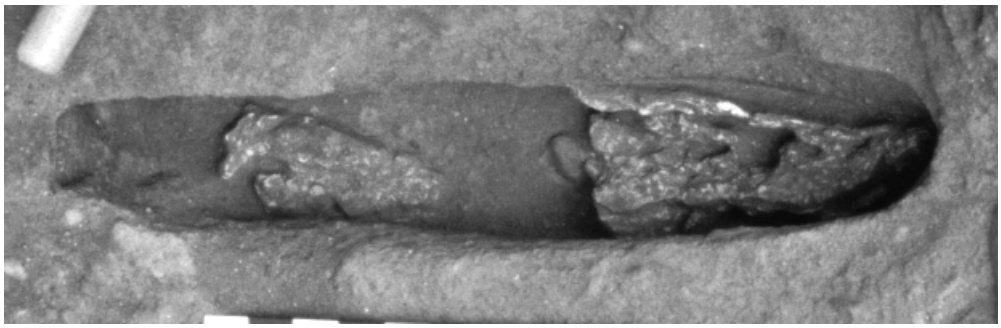
Burial 417 Child/adolescent aged 9.5 to 14.5 years.

Burial 418 Male aged 30 to 55 years. Periostitis of the lower and upper limbs, saber shins, and possible treponemal disease are evident. Several enthesopathies and significant muscle attachment hypertrophies are present. Mild to moderate osteoarthritis affects the vertebrae, ankle, foot, and hand; osteophytosis is also present. Healed porotic hyperostosis indicative of nutritional stress can be observed.

Burial 419 Male aged 48 to 62 years. There is evidence of periostitis of the lower limbs. The individual has several enthesopathies and significant muscle attachment hypertrophies. Mild to moderate osteoarthritis affects axial and appendicular joints. Osteophytosis is present throughout the vertebral column. Diploic expansion indicative of nutritional stress can also be observed. There is also evidence of femoral and tibial bowing associated with rickets.

Burial 420, 420.1, 420.2	Separate individuals are not identifiable from the photograph Male aged 35 to 45 years. Individual has numerous enthesopathies and significant muscle attachment hypertrophies. Mild to moderate osteoarthritis affects several axial and appendicular joints. Cervical and thoracic osteophytosis is present. Subadult of undetermined age. Adult of indeterminate age and sex.

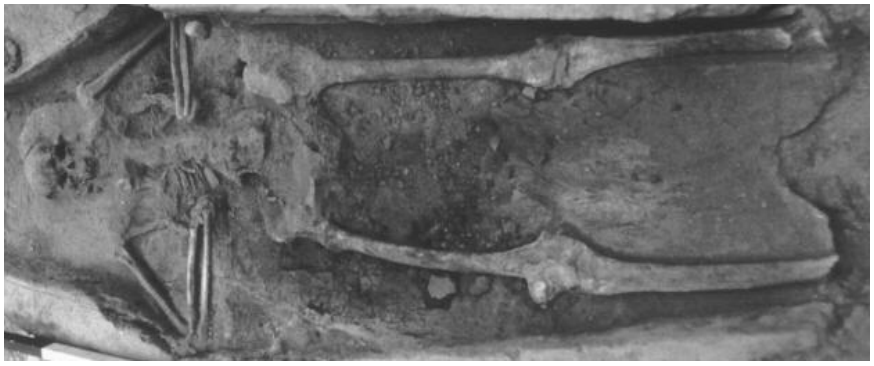
Burial 421	Empty shaft.



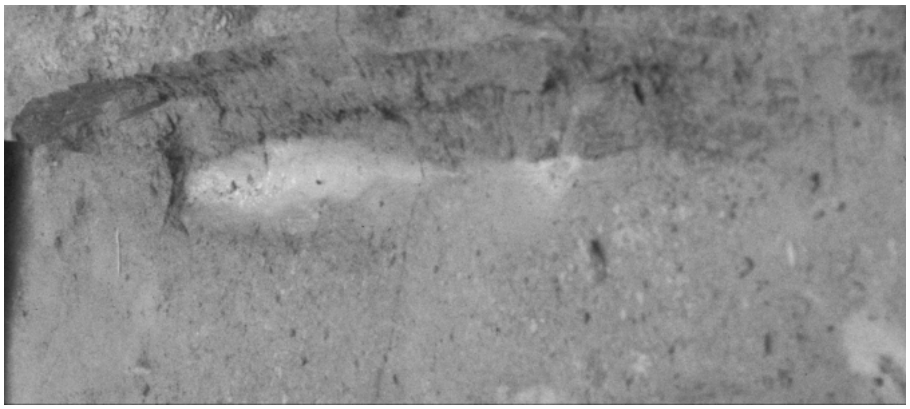
Burial 422 Empty shaft. (No photograph).

Burial 423 Empty shaft.

Burial 424 Adult of indeterminate sex and age.



Burial 425 Remained *in situ*. Probable female over 30 years of age, based on field assessment.



Burial 426 Empty shaft.

Burial 427 Male aged 16 to 20 years. Evidence of lower and upper limb periostitis is observable. The individual has a moderate number of enthesopathies and significant muscle attachment hypertrophies.

Burial 428 Female aged 40 to 70 years. Individual has several enthesopathies and significant muscle attachment hypertrophies on the humeri. Mild to moderate osteoarthritis affects the shoulders, cervical vertebrae, and temporo-mandibular joints. Cervical osteophytosis is also present.

Burial 429 Age and sex indeterminate.

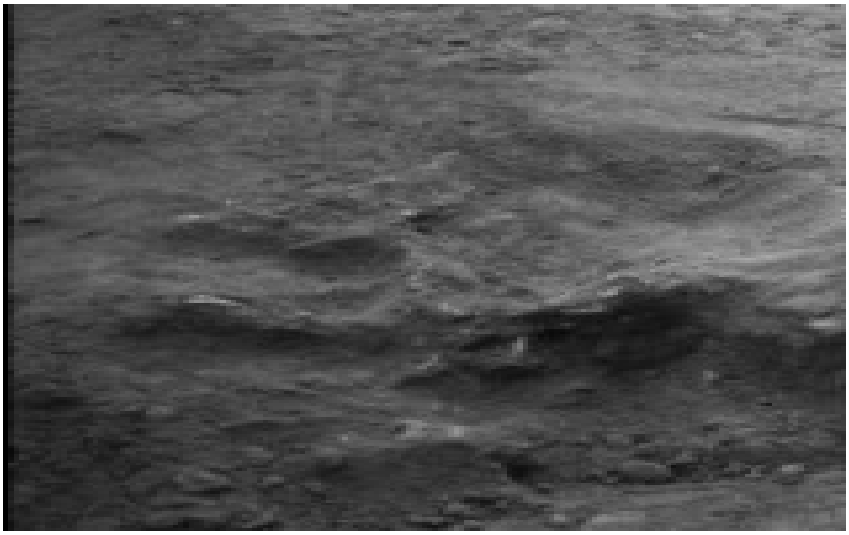
Burial 430 Empty shaft.

Burial 431 Adult of indeterminate age and sex. Periostitis of the lower limbs is evident.

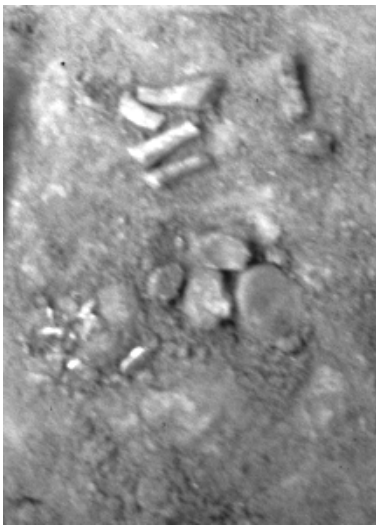
Burial 432 Adult of indeterminate age and sex.

Burial 433 Adult of indeterminate age and sex.

Burial 434 Age and sex indeterminate.



Burial 435 Age and sex indeterminate.



Burial 436 Age and sex indeterminate.

* "Hypoplasia and hypocalcification data based on sample of 99 individuals.